

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28971

1. Entity Name

ALPINE POOLS & SPAS, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90099 019 ***150.00

Principal Place of Business

Mailing Address

1200 SW 12TH STREET, UNIT 8
OCALA FL 34474
US

1200 SW 12TH STREET, UNIT 8
OCALA FL 34474-3109
US

2. Principal Place of Business

3. Mailing Address

1280 NORVELL BRYANT HWY PO BOX 176

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
HERNANDO FL

City & State
HERNANDO FL

4. FEI Number 59-3116943

Applied For
Not Applicable

Zip
34442

Country
US

Zip
34442

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPPIN, ROBERT
2621 HWY 44
INVERNESS FL 34453

Name
PIPPIN, ROBERT

Street Address (P.O. Box Number is Not Acceptable)
1280 NORVELL BRYANT HWY

City
HERNANDO

FL

Zip Code
34442

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIPPIN, ROBERT
2621 HWY 44 W
INVERNESS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1280 NORVELL BRYANT
HERNANDO FL 34442 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT PIPPIN 1/14/00 352-860-1235

Date

Daytime Phone #

CR2E034 (9/99)