

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V71957** ✓

1. Entity Name

BRANDON POOLS & SPAS INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

825 E. BRANDON BLVD
Suite, Apt. #, etc.

3. Mailing Address

23642 SHINING STAR DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FLORIDA

City & State

LAND O LAKES, FL

4. FEI Number

59-3147531

Applied For

Not Applicable

Zip

33511

Country

HILLSBOROUGH

Zip

34639

Country

PASCO

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

Name

JOHN A. SAGRAVES

Street Address (P.O. Box Number is Not Acceptable)

23642 SHINING STAR DRIVE

City

LAND O LAKES

FL

Zip Code

34639

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6 / 2000

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

TITLE **PRESIDENT** ☐ Delete
NAME **JOHN A. SAGRAVES**
STREET ADDRESS **23642 SHINING STAR DR.**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **VICE PRESIDENT, SECRETARY, TREASURER** ☐ Delete
NAME **ROBERTA SAGRAVES**
STREET ADDRESS **23642 SHINING STAR DR.**
CITY-ST-ZIP **LAND O LAKES FLORIDA 34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

JOHN A. SAGRAVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6 / 2000

Date

813-996-1180

Daytime Phone #

CR2E034 (9/99)