2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 10, 2000 8:00 am
Secretary of State
03-22-2000 90063 018 ****61.25

DOCUMENT # 750435

1. Entity Name

FLORIDA GROUND WATER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
316 ~~332~~ W. CENTRAL AVE. #200 PO B 1519 WINTER HAVEN FL 33880-2960	316 W. Central #200 ~~332 W. CENTRAL AVE.~~ PO B 1519 WINTER HAVEN FL 33880-2962

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
316 W. Central Ave.	P. O. Box 1519
Suite, Apt. #, etc. #200	Suite, Apt. #, etc.
City & State Winter Haven, FL	City & State Winter Haven, FL
Zip: 33880 Country: USA	Zip: 33882 Country: USA

4. FEI Number: 59-2269190 ☐ Applied For ☐ Not Applicable

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
BOOZER, DAVID ~~332~~ W. CENTRAL AVE. 316 W. Central Ave. #200 P.O. BOX 1519 WINTER HAVEN FL 33880	Name: Florida Ground Water Association Street Address (P.O. Box Number is Not Acceptable) 316 W. Central Ave. #200 City: Winter Haven FL Zip Code: 33880

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: D Booze 3/10/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD PARTRIDGE, PAT 4744 COLLINS RD. ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CROSBY, GRIFFIN JR CROSBY WELL DRILLING JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARDWICKE, ALLEN 42132 N. HWY 19 LUTZ FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, DOROTHY L. 5006 N RENELLIE DR TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, WAYNE CUSTOM DRILLING LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, TIM 230 NE 16 AVE GAINESVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Donald Hall 1724 N. First St. Lake City, FL	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED X Donald H Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #