


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90388 034 ****61.25

DOCUMENT # N02000000680

1. Entity Name
ALLIANCE TO PROTECT WATER RESOURCES, INC.



Principal Place of Business
**10029 CHERRY LAKE ROAD
CLERMONT FL 34711**

Mailing Address
**P.O. BOX 120596
CLERMONT FL 34712-0596**

2. Principal Place of Business
12536 LAKE RIDGE CIRCLE

3. Mailing Address
P.O. Box 120596

Suite, Apt. #, etc.
—

City & State
CLERMONT, FLORIDA

City & State
CLERMONT, FLORIDA

Zip
34711

Country
USA

Zip
34712-0596

Country
USA

4. FEI Number
01-0589506

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PELTZ, EDWARD C
10029 CHERRY LAKE ROAD
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name
ROBERT WATSON

Street Address (P.O. Box Number is Not Acceptable)
12536 LAKE RIDGE CIRCLE

City
CLERMONT

FL

Zip Code
34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robert E. Watson** **ROBERT WATSON** **APR 3, 2003**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	APFELBECK, RHODA	
STREET ADDRESS	3791 EVERSCHOLT STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULLERTON, NANCY H	
STREET ADDRESS	368 W. MONTROSE STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ED	
STREET ADDRESS	18615 TRIPLE E ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANGE, DAVID	
STREET ADDRESS	955 BROGDEN DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MAGGIE	
STREET ADDRESS	2721 SUNBURY STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PELTZ, EDWARD C	
STREET ADDRESS	10029 CHERRY LAKE ROAD	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB WATSON	
STREET ADDRESS	12536 LAKE RIDGE CIRCLE	
CITY-ST-ZIP	CLERMONT, FLORIDA 34711	
TITLE	D - VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH BLUM	
STREET ADDRESS	13026 HARTLE ROAD	
CITY-ST-ZIP	CLERMONT, FLORIDA 34711	
TITLE	ELANA LAMAR - D SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELANA LAMAR	
STREET ADDRESS	7645 LAKE NELLIE ROAD	
CITY-ST-ZIP	CLERMONT, FLORIDA 34711	
TITLE	GEORGE SMALLWOOD - D TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE SMALLWOOD	
STREET ADDRESS	8141 LAKE SIDE DRIVE	
CITY-ST-ZIP	YALAHUA, FLORIDA 34797	
TITLE	D - PROGRAM DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN OYLER	
STREET ADDRESS	12909 SUGARWOOD LANE	
CITY-ST-ZIP	CLERMONT, FLORIDA 34711	
TITLE	BOD RAETHER - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOD RAETHER	
STREET ADDRESS	12533 BLUE HERRON WAY	
CITY-ST-ZIP	LEESBURG, FLORIDA 34788	

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: **George L. Smallwood** **4/3/02 3523291151**

CR2E037 (10/02)