

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N44046**

1. Entity Name

CITIZENS FOR WATER, INC.

Principal Place of Business

808 PARK AVENUE
DELEON SPRINGS FL 32130

Mailing Address

808 PARK AVENUE
DELEON SPRINGS FL 32130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3085526

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

SCHULER, RICHARD W.
808 PARK AVENUE
DELEON SPRINGS FL 32130

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	SCHULER, RICHARD W.	
STREET ADDRESS	808 PARK AVE.	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHULER, JEANE G.	
STREET ADDRESS	808 PARK AVE.	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAYTON, ELIZABETH	
STREET ADDRESS	2 SYLVIN ROAD	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUNTER, CHRIS	
STREET ADDRESS	4799 HARMONEYWOODER TRAIL	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-10/06/00--01005--012
****175.00 ****175.00

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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:

Richard W. Schuler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/00

Date

Daytime Phone #

FILED
00 SEP 25 PM 3:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)