2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # N51289** 1. Entity Name FLORIDA SECTION, AMERICAN WATER RESOURCES ASSOCI 03-22-2000 90014 042 ****61.25 Principal Place of Business Mailing Address 4575 CARTER RD 4575 CARTER RD ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086-5817 υS 3. Mailing Address 2. Principal Place of Business Tom Roberts on Roberts Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3176538 ANACL Not Applicable Country Zip Country \$8.75 Additional Zip 32 5. Certificate of Status Desired 323 46 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CULLUM, MICHAEL G 4575 CARTER RD Tom Roberts ST AUGUSTINE FL 32086 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. 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Addition TITLE TITI F PADERA, CHARLES A. NAME NAME HIGHWAY 100 WEST STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE STEBUISKY, RICK J NAME NAME 5405 CYPRESS CENTER DR #200 STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE CULLUM, MICHAEL G NAME NAME 4575 CARTER RD STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete KOWALSKY, CARLYN H. NAME NAME 1000 COLOR PLACE STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Delete TITLE Change TITLE William C. Stimmel NAME NAME 7335 Lake Ellenor Drive STREET ADDRESS STREET ADDRESS orlando, Fc. 32809 CITY - ST - ZIP CITY-ST-ZIP Addition X TITLE ☐ Delete TITLE Change RAND Edelstein C 7 Tom Roberts Ro NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.