

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740997

1. Entity Name

FLORIDA WATER QUALITY ASSOCIATION, INC.

Principal Place of Business

1405 WINDEMERE AVE.
P.O. BOX #2531
LAKE LAND FL 33806

Mailing Address

1405 WINDEMERE AVE.
P.O. BOX #2531
LAKE LAND FL 33806

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

59-2870834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUEBLOOD, SUZANNE P.
1405 WINDEMERE AVENUE
LAKE LAND FL 33803

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
KUYAWA, MARK
3112 45TH ST
WEST PALM BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
EATON, LARRY
1475 12TH ST E
PALMETTO FL 34222 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GRIFFIN, STAN
211 CLAUDE BRANDON RD.
ALACHUA FL 32615 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WEST, GREGORY R
1100 COMMERCIAL BLVD. #114
NAPLES FL 34104 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90014 041 *****61.25

817309



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)