

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704930

1. Entity Name

WAHNETA WATER SYSTEM, INC.

Principal Place of Business

106 EIGHTH STREET, EAST-WAHNETA
WINTER HAVEN FL 33880

Mailing Address

106 EIGHTH STREET, EAST-WAHNETA
WINTER HAVEN FL 33880

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1093070

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMM, WILLIAM C., JR.
170 E. HAINES BLVD.
WINTER HAVEN, FLA
LAKE ALFRED FL 33850

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
DP
LEON FEAGIN
450 4TH ST. E. WAHNETA
WINTER HAVEN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LAMBERT, RANDY
100 SURF DR.
WINTER HAVEN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CROWLEY, JANICE
114 2ND TERRACE WEST WAHNETA
WINTER HAVEN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAM, DEHART
420 4TH ST E WAHNETA
WINTER HAVEN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FLOYCE WHITTINGTON
217 9TH ST. E. WAHNETA
WINTER HAVEN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRYANT, CARL
510 AVE A, E WAHNETA
WINTER HAVEN FL

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

2/19/02

(863)324-5389

Date

Daytime Phone #

00000000



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)