2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 706788 Jan 25, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA WATER & POLLUTION CONTROL OPERATORS ASSO 01-25-2000 90050 025 ****70.00 Mailing Address Principal Place of Business 101 H SEA OATS DR P.O. BOX 109602 PALM BEACH GARDENS FL 33410-9602 JUNO BCH FL 33408 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2780778 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BISHOP, RIM 101 H SEA OATS DR JUNO BCH FL 33408 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) distered agent and title if applicable. Signature, typed or printed name of r Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE ST ☐ Delete **BISHOP, RIM** NAME NAME STREET ADDRESS STREET ADDRESS 101 H SEA OATS DR CITY-ST-ZIP CITY-ST-ZIP JUNO BCH FL 33408 Change ☐ Addition Delete TITLE TITLE Arthur Sacy 6551 HE 20th Are NAME KAMIEN, TED NAME STREET ADDRESS STREET ADDRESS 8941 SE SANDCASTLE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **HOBESOUND FL 33455** Addition Detete TITLE TITLE SHOUP, MARK NAME NAME 9415E 50 STREET ADDRESS STREET ADDRESS 712 ALABAMA AVE CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL 34769 Change ☐ Addition TITLE STP Delete TITLE James Johnson 305 Antigua Ori NAME NAME SAEY, ARTHUR STREET ADDRESS STREET ADDRESS 6551 NE 20TH AVE つみタリーブ CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Delete Change Addition TITLE DONOVAN, PHIL NAME NAME STREET ADDRESS STREET ADDRESS 1900 2ND AVE. NORTH CITY-ST-ZIP CITY-ST-ZIP LAKEWORTH FL 33461 Change ☐ Addition OPP ☐ Delete TITLE TITLE NAME SORAH, GRADY NAME STREET ADDRESS STREET ADDRESS 5911 ACLAVISTA DRIVE CITY-ST-ZIP CITY-ST-7IP **PUNTAGORDA FL** 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.

Sec-Treas

61)62/270