

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707677

1. Entity Name

STEINHATCHEE WATER ASSOCIATION INC

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90006 024 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1313 1ST AVE. S.E
P. O. BOX 670
STEINHATCHEE FL 32359
US

1313 1ST AVE SE
P. O. BOX 670
STEINHATCHEE FL 32359-0670
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1150325

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CURTIS, G D
P O BOX 900
1200 RIVERSIDE DR SE
STEINHATCHEE FL 32359

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, ALBERT
CITY-ST-ZIP STAR ROUTE, BOX 2
STEINHATCHEE FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS REBLIN, MARK
CITY-ST-ZIP 1312 RIVERSIDE DRIVE SE, P O BOX 196
STEINHATCHEE FL 32359

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS REED, BROWARD
CITY-ST-ZIP P.O. BOX 15, NA
STEINHATCHEE FL

TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS BROWARD REED
CITY-ST-ZIP 125 SE 1ST AVE
STEINHATCHEE FL 32359

TITLE ☐ Delete
NAME S
STREET ADDRESS GARCIA, HENRY
CITY-ST-ZIP 134 1ST AVE SE
STEINHATCHEE FL

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS HENRY GARCIA
CITY-ST-ZIP 134 1ST AVE S.E.
STEINHATCHEE FL 32359

TITLE ☐ Delete
NAME P
STREET ADDRESS CURTIS, DAVID
CITY-ST-ZIP 1200 RIVERSIDE DR SE
STEINHATCHEE FL

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS DAVID CURTIS
CITY-ST-ZIP 1200 RIVERSIDE DR.
STEINHATCHEE FL 32359

TITLE ☒ Delete
NAME D
STREET ADDRESS MOEHRING, WILLIAM
CITY-ST-ZIP 803 RIVERSIDE DR SE
STEINHATCHEE FL

TITLE ☐ Change ☒ Addition
NAME TD
STREET ADDRESS B.R. BARNETT
CITY-ST-ZIP 1006 S.E. 1ST ST
STEINHATCHEE FL 32359

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: DAVID CURTIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2000

352-498-3576

Date

Daytime Phone #

CR2E037 (9/99)