

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707677

1. Entity Name

STEINHATCHEE WATER ASSOCIATION INC

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90131 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1313 1ST AVE. S.E P. O. BOX 670 STEINHATCHEE FL 32359 US	Mailing Address 1313 1ST AVE SE P. O. BOX 670 STEINHATCHEE FL 32359 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-1150325	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CURTIS, G D P O BOX 900 1200 RIVERSIDE DR SE STEINHATCHEE FL 32359
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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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	<input type="checkbox"/> Delete
D WILLIAMS, ALBERT STAR ROUTE, BOX 2 STEINHATCHEE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
D REBLIN, MARK 1312 RIVERSIDE DRIVE SE, P O BOX 196 STEINHATCHEE FL 32359	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
VPD REED, BROWARD P.O.BOX 15, NA STEINHATCHEE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SD GARCIA, HENRY 134 1ST AVE SE STEINHATCHEE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
PD CURTIS, DAVID 1200 RIVERSIDE DR SE STEINHATCHEE FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
TD BARNETT, B.R. 1006 SE FIRST ST STEINHATCHEE FL 32359	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD JOHN ARCHER 411 Kings Creek Cir/L STEINHATCHEE, FL. 32359	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D PETER DESMARRIS PO Box 418 STEINHATCHEE FL 32359	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1-28-02 352-498-3576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)