

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710799

1. Entity Name

MIDWAY-CANAAN COMMUNITY WATER ASSOCIATION, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90019 015 ****61.25

Principal Place of Business

2310 JITWAY ST.
P.O. BOX 1322
SANFORD FLA 32772-1322

Mailing Address

P.O. BOX 1322
SANFORD FL 32772
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7024689

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

MERKERSON, WILLIE J.
3051 KINGS RD.
SANFORD FL 32771

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
After September 13, 2000 min. will be \$236.25

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 DM
STREET ADDRESS CHISOLM, BENJAMIN
CITY-ST-ZIP 1970 SIPES AVE
SANFORD FL 32771

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

TITLE ☐ Delete
NAME DM
STREET ADDRESS CUMMINGS, WILLIE C
CITY-ST-ZIP 2361 JITWAY AVE.
SANFORD FL 32771

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS HUDLEY, BARNARD
CITY-ST-ZIP 3401 HUGHEY ST.
SANFORD FL 32771

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

TITLE ☐ Delete
NAME DM
STREET ADDRESS GLENN, ALTON
CITY-ST-ZIP 2200 CENTER ST.
SANFORD FL 32771

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

TITLE ☐ Delete
NAME DS
STREET ADDRESS PERRY, JANICE
CITY-ST-ZIP 2070 RUFF ROAD
SANFORD FL 32771

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

TITLE ☐ Delete
NAME DM
STREET ADDRESS CAMBRIDGE, GEORGE
CITY-ST-ZIP 2156 SIPES AVE.
SANFORD FL 32771

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

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:

Willie J. Merkerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 14, 2000
Date

(407) 323-1714
Daytime Phone #

CR2E037 (5/00)