

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED

Feb 26, 2001 8:00 am
Secretary of State

01-29-2001 90073 017 ****61.25

DOCUMENT # 726946

1. Entity Name

WATERWAY WEST, INC.

Principal Place of Business

315 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169

Mailing Address

315 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1578126

Applied For

Not Applicable

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

ERNEST BUZBY
315 N. CAUSEWAY A-202
NEW SMYRNA BEACH FL 32169

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	VP	☒ Delete
NAME	JARIOURA, MITCHELLE	
STREET ADDRESS	315 N. CAUSEWAY C 304	
CITY-ST-ZIP	NEW SMYRNA BOACH FL 32169	
TITLE	VPD	☒ Delete
NAME	KELLY, MERTON	
STREET ADDRESS	315 N CAUSEWAY, D204	
CITY-ST-ZIP	MEW SMYRNA BEACH FL	
TITLE	T	☒ Delete
NAME	OLSON, DEAMIE	
STREET ADDRESS	315 N CAUSEWAY A 301	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	SD	☒ Delete
NAME	KAVLIC, MARY E	
STREET ADDRESS	315 N. CAUSEWAY #C-302	
CITY-ST-ZIP	N S BEACH FL 32169	
TITLE	ASD	☒ Delete
NAME	WIDGREN, WILLIAM	
STREET ADDRESS	315 N. CAUSEWAY #C-201	
CITY-ST-ZIP	NEW SMYRNA FL 32169	
TITLE	VPD	☒ Delete
NAME	WALLACE, GEORGE	
STREET ADDRESS	315 N CAUSEWAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres. D	☒ Change ☐ Addition
NAME	Buzby, Ernest	
STREET ADDRESS	315 N. Causeway, A-202	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	1st VP D	☒ Change ☐ Addition
NAME	Seland, William	
STREET ADDRESS	315 N. Causeway C-401	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	2 VP	☒ Change ☐ Addition
NAME	Huskey, Ralph	
STREET ADDRESS	315 N. Causeway B-404	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	3 VP D	☒ Change ☐ Addition
NAME	Kegris, Liliane	
STREET ADDRESS	315 N. Causeway C-403	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	Tr.	☒ Change ☐ Addition
NAME	Wanner, Patricia	
STREET ADDRESS	315 N. Causeway D-403	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE	Sec.	☒ Change ☐ Addition
NAME	Widgren, Gertrude	
STREET ADDRESS	315 N. Causeway D-303	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	

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

Date

Daytime Phone #

CR2E037 (10/00)