

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727293

1. Entity Name

THE FLORIDA SEPTIC TANK ASSOCIATION, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90493 004 \*\*\*\*61.25

0014834

Principal Place of Business

Mailing Address

1647 ALSHIRE CT N  
TALLAHASSEE FL 32311  
US

PO BOX 7491  
TALLAHASSEE FL 32314  
US

2. Principal Place of Business

2301A Hwy 557

3. Mailing Address

PO Box 1282

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Polk City FL

City & State

Lake Alfred FL

4. FEI Number

59-1494885

Applied For

Not Applicable

Zip

33868

Country

US

Zip

33850

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, KEVIN M  
1647 ALSHIRE CT N  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name: Sherman, Kevin M

Street Address (P.O. Box Number is Not Acceptable)

2301B Hwy 557

City Polk City

FL

Zip Code

33868

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: VD  
NAME: DRIGGERS, DEAN  
STREET ADDRESS: 2601 COLLEGE AVE E  
CITY-ST-ZIP: RUSKIN FL 33570 ☐ Delete

TITLE: PD  
NAME: DUKE, JOSEPH  
STREET ADDRESS: 3070 BLANDING BLVD.  
CITY-ST-ZIP: MIDDLEBURG FL 32068 ☒ Delete

TITLE: TD  
NAME: THOMPSON, GREG  
STREET ADDRESS: 500 WALKER STREET  
CITY-ST-ZIP: HOLLY HILL FL 32117 ☐ Delete

TITLE: VPD  
NAME: PINKAS, GARY  
STREET ADDRESS: 7117 49TH TERR N  
CITY-ST-ZIP: WEST PALM BEACH FL 33407 ☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VPD  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☒ Change ☐ Addition

TITLE: TD  
NAME: Sam Averett  
STREET ADDRESS: 2901 Brooks St.  
CITY-ST-ZIP: Eaton Park, FL 33840 ☐ Change ☒ Addition

TITLE: VD  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☒ Change ☐ Addition

TITLE: PD  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☒ Change ☐ Addition

TITLE: SD  
NAME: Darrell Clay  
STREET ADDRESS: 101 W. Bay St  
CITY-ST-ZIP: Ocoee, FL 34761 ☐ Change ☒ Addition

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

*Signature Required* Sam Averett

3/9/01

(863)665-1748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)