

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90135 050 \*\*\*\*61.25

**DOCUMENT # 727293**

1. Entity Name

**THE FLORIDA SEPTIC TANK ASSOCIATION, INC.**

Principal Place of Business

**2301A HWY 557  
 POLK CITY FL 33868  
 US**

Mailing Address

**P O BOX 1282  
 LAKE ALFRED FL 33850  
 US**

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

**59-1494885**

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

**SHERMAN, KEVIN M  
 2301B HWY 557  
 POLK CITY FL 33868**

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)

**3/13/02**

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 **VPD PD President** ☐ Delete  
 NAME **DRIGGERS, DEAN**  
 STREET ADDRESS **2801 COLLEGE AVE E**  
 CITY-ST-ZIP **RUSKIN FL 33570**

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

TITLE **VPD Vice President** ☐ Delete  
 NAME **AVERETT, SAM**  
 STREET ADDRESS **2901 BROOKS ST**  
 CITY-ST-ZIP **EATON PARK FL 33840**

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

TITLE **VPD President Elect** ☐ Delete  
 NAME **THOMPSON, GREG**  
 STREET ADDRESS **500 WALKER STREET**  
 CITY-ST-ZIP **HOLLY HILL FL 32117**

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

TITLE **PD** ☒ Delete  
 NAME **PINKAS, GARY**  
 STREET ADDRESS **7117 49TH TERR N**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **Treasurer (TD)** ☐ Delete  
 NAME **CLAY, DARRELL**  
 STREET ADDRESS **101 W BAY ST**  
 CITY-ST-ZIP **OCFEE FL 34761**

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

TITLE **Secretary** ☐ Delete  
 NAME **Kirk, Ted (SD)**  
 STREET ADDRESS **265 NW 65th street**  
 CITY-ST-ZIP **Margate FL 33063**

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:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/02**

Date

**(863) 956-5540**

Daytime Phone #

CR2E037 (9/01)