

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90046 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 729244**

1. Entity Name  
**FLORIDA WATERCOLOR SOCIETY, INC.**

Principal Place of Business      Mailing Address

**MAITLAND ART CENTER  
 231 WEST PACKWOOD AVENUE  
 MAITLAND FL 32751-5553**

**DREWRY, ANNE  
 905 PINE HOLLOW PL  
 BRANDON FL 33510-2739  
 US**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For

**23-7410596**      Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

**DREWRY, ANNE  
 905 PINE HOLLOW PLACE  
 BRANDON FL 33510**

7. Name and Address of New Registered Agent

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD CREEK, JANE 2706 SABLEWOOD DR. VALRICO FL 33594-5249</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Mills Margaret 3726 BENEVA OAKS BLVD SARASOTA FL 34328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SWETLAND, JOAN 18104 HAVENWOODS RD BROOKVILLE FL 34610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1st VD JERRY Summers 149 EXECUTIVE CIRCLE BOYNTON BEACH FL 33436</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MILLS, MARGARET 3726 BENEVA OAKS BLVD SARASOTA FL 34328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2nd VD LEE ACKERT 4851 DOLPHIN LANE FORT MYERS BEACH FL 33931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSD WOZNAK, DANIEL 172 DEER LAKE CIRCLE ORMOND BEACH FL 32174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CSD Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DREWRY, ANNE S 905 PINE HOLLOW PL BRANDON FL 33510</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Same</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD STAPLES, MARY ANN 1930, E. GONZALEZ ST. PENSACOLA FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RS D JANE CREEK 2706 SABLEWOOD DR VALRICO FL 33594-5249</b> <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: SIGNATURE REQUIRED *Summers* 1-4-00 813-653-2309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)