

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729244

1. Entity Name

FLORIDA WATERCOLOR SOCIETY, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90077 022 ****61.25

0056323

Principal Place of Business

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

Mailing Address

DREWRY, ANNE
905 PINE HOLLOW PL
BRANDON FL 33510
US

80060473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5210 Pine Rocklands Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LITHIA FLORIDA

City & State

City & State

4. FEI Number

23-7410596

Applied For

Not Applicable

Zip

Country

Zip

Country

33547

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Anne Drewry

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

5210 Pine Rocklands Avenue

LITHIA

City

FL

Zip Code

33547

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

Anne S. Drewry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-12-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD CREEK, JANE 2706 SABLEWOOD DR. VALRICO FL 33594-5249	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWETLAND, JOAN 18104 HAVENWOODS RD BROOKVILLE FL 34610	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLS, MARGARET 3726 BENEGVA OAKS BLVD SARASOTA FL 34328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD WOZNAK, DANIEL 172 DEER LAKE CIRCLE ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DREWRY, ANNE S 905 PINE HOLLOW PL BRANDON FL 33510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD STAPLES, MARY ANN 1930, E. GONZALEZ ST. PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERRY SUMMERS 149 EXECUTIVE CIRCLE BOYNTON BEACH FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP, D LEE ACKERT 4851 DOLPHIN LANE FORT MYERS BEACH FL 33931	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP, D KATHERINE DAVIS 3417 ORCHARD PT DRIVE ORLANDO FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS, D JANET DAVIS 1405 BRIDGEWOOD DR BOCA RATON FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D. 5210 Pine Rocklands Ave. Lithia FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS, D SUE ALLEN 1310 HOLLEMAN DR VALRICO FL 33594	<input type="checkbox"/> Change <input checked="" 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

813 655 2723

Daytime Phone #

CR2E037 (10/00)