

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90049 029 ****61.25

DOCUMENT # 729244

1. Entity Name

FLORIDA WATERCOLOR SOCIETY, INC.

Principal Place of Business

~~MAITLAND ART CENTER~~
~~231 WEST ROCKWOOD AVENUE~~
~~MAITLAND FL 32751-5553~~

Mailing Address

5210 ONE ROCKLANDS AVENUE
 LITHIA FL 33547
 US

2. Principal Place of Business

5210 Pine Rocklands Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LITHIA FL

City & State

Zip

Country

33547

USA

Zip

Country

4. FEI Number

23-7410596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DREWRY, ANNE
 5210 PINE ROCKLANDS AVENUE
 LITHIA FL 33547

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 *Anne S. Drewry*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SUMMERS, JERRY	
STREET ADDRESS	149 EXECUTIVE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	ACKERT, LEE	
STREET ADDRESS	4851 DOLPHIN LANE	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, KATHERINE	
STREET ADDRESS	3417 OAKWATER PT DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JANET	
STREET ADDRESS	1405 BRIDGEWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DREWRY, ANNE S.	
STREET ADDRESS	5210 PINE ROCKLANDS AVENUE	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	ALLEN, SUE	
STREET ADDRESS	1310 HOLLERMAN DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ackert Lee	
STREET ADDRESS	4851 Dolphin Lane	
CITY-ST-ZIP	Ft Myers Beach FL 33931	
TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHERINE DAVIS	
STREET ADDRESS	3417 Oakwater Pt. Dr.	
CITY-ST-ZIP	Orlando FL 32812	
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanna Winton	
STREET ADDRESS	Rt 2 Box 454	
CITY-ST-ZIP	Tallahassee FL 32311	
TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Frye	
STREET ADDRESS	5173 Cambry Lane	
CITY-ST-ZIP	Lakeland FL 33805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

813-655-2773

CR2E037 (9/01)