

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737072

1. Entity Name

CALUSA WATERWORKS ASSOCIATION, INC.

Principal Place of Business

KOLB ROAD LOT 10 BLK A
P.O. BOX 282
ARIPEKA FL 34679

Mailing Address

KOLB ROAD LOT 10 BLK A
P.O. BOX 282
ARIPEKA FL 34679

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

59-2949939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, MARIA
18737 JEBERT DR.
ARIPEKA FL 34679

7. Name and Address of New Registered Agent

Name

Sylvia C. Blewins

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

18812 Rosemary Ln.

City

Aripeka

FL

Zip Code

34679

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

Sylvia C. Blewins

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-01

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	PD WHITE, ROYE E. 18430 ARIPEKA RD. ARIPEKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OSBORNE, JAMES 18928 JEBERT DR ARIPEKA FL 34679	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORFLEET, NANCY 3139 GULF ARIPEKA FL 34679	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GULA, CAROL 18941 ROSEMARY RD ARIPEKA FL 34679	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, MARIA 18737 JEBERT DR ARIPEKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Blewins, Sylvia C. 18812 Rosemary Ln Aripeka, FL 34679	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Sylvia C. Blewins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-01

Date

HL 127

861-2830

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90290 019 ****61.25



DO NOT WRITE IN THIS SPACE