

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2002 8:00 am**
Secretary of State

02-06-2002 90017 012 ****61.25

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**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BLEVINS, SYLVIA C
18812 ROSEMARY LANE
ARIPEKA FL 34679****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 \$61.259. 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** ☐ Delete
NAME **WHITE, ROYE E.**
STREET ADDRESS **18430 ARIPEKA RD.**
CITY-ST-ZIP **ARIPEKA FL**TITLE **VD** ☐ Delete
NAME **OSBORNE, JAMES**
STREET ADDRESS **18928 JEBERT DR**
CITY-ST-ZIP **ARIPEKA FL 34679**TITLE **DV** ☐ Delete
NAME **NORFLEET, NANCY**
STREET ADDRESS **3139 GULF**
CITY-ST-ZIP **ARIPEKA FL 34679**TITLE **S** ☐ Delete
NAME **GULA, CAROL**
STREET ADDRESS **18941 ROSEMARY RD**
CITY-ST-ZIP **ARIPEKA FL 34679**TITLE **TD** ☐ Delete
NAME **BLEVINS, SYLVIA C**
STREET ADDRESS **18812 ROSEMARY LANE**
CITY-ST-ZIP **ARIPEKA FL 34679**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:**Sylvia C. Blevins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-02 727-861-2830

CR2E037 (9/01)