

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739864

1. Entity Name

MELROSE WATER ASSOCIATION, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90027 034 ****61.25

Principal Place of Business

425 STATE RD 26
P.O. BOX 220
MELROSE FL 32666
US

Mailing Address

P.O. BOX 220
P.O. BOX 220
MELROSE FL 32666
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2253173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TISDALE, RICHARD M.
STATE ROAD 26 EAST
MELROSE FL 32666

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITHJ, NICK 6406 LATCHSTRING LN MELROSE FL 32666	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHITENER, HARRY 25416 PINE ST MELROSE FL 32666	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PEASE, PAMELA P.O. BOX 614 MELROSE FL 32666	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARROW, MARK DR. 224 NE 10TH AVE GAINESVILLE FL 32601	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01 352-475-2248

Date

Daytime Phone #

CR2E037 (10/00)