

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739864

1. Entity Name

MELROSE WATER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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

59-2253173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TISDALE, RICHARD M.
STATE ROAD 28 EAST
MELROSE FL 32666

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SMITHJ, NICK
STREET ADDRESS 6406 LATCHSTRING LN
CITY-ST-ZIP MELROSE FL 32666

TITLE ☒ Change ☐ Addition
NAME Smith, Nick
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WHITENER, HARRY
STREET ADDRESS 25416 PINE ST
CITY-ST-ZIP MELROSE FL 32666

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PEASE, PAMELA
STREET ADDRESS P.O. BOX 614
CITY-ST-ZIP MELROSE FL 32666

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BARROW, MARK DR.
STREET ADDRESS 224 NE 10TH AVE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1-29-02 352 316 0524

Date

Daytime Phone #

CR2E037 (9/01)

20020001



DO NOT WRITE IN THIS SPACE