

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740725

1. Entity Name

FLORIDA WATERWORKS ASSOCIATION, THE FLORIDA CHAP

Principal Place of Business

2 UTILITY DRIVE
PALM COAST FL 32137
US

Mailing Address

2 UTILITY DRIVE
PALM COAST FL 32137
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

59-1086752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DETERDING, F M
2548 BLAIRSTONE PINES DR
TALLAHASSEE FL 32301

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 ☐ Delete
P ~~SWEAT, CHARLES~~
STREET ADDRESS 1000 TOLOR PLACE
CITY-ST-ZIP APOPKA FL 32708

TITLE NAME ☐ Delete
V ABBERGER, LESTER
STREET ADDRESS 1435 MARION AVE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE NAME ☐ Delete
D JAMES, H R
STREET ADDRESS 1300 RIVERPLACE BLVD., #612
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Delete
D WATFORD, STEPHEN
STREET ADDRESS 2514 ALOHA PLACE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE NAME ☐ Delete
D RASMUSSEN, DON
STREET ADDRESS 200 WEATHERSFIELD AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE NAME ☐ Delete
T BILINSKI, BRIAN
STREET ADDRESS 1000 COLOR PLACE
CITY-ST-ZIP APOPKA FL 32703

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition
P GARY MOSELEY
STREET ADDRESS 1400 MILCOE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32239

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 #

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90057 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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