

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 740725

1. Entity Name

FLORIDA WATERWORKS ASSOCIATION, THE FLORIDA CHAPTER  
OF THE NATIONAL ASSOCIATION OF WATER COMPANIES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2548 Blairstone Pines Dr.

3. Mailing Address

2548 Blairstone Pines Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-1086752

Applied For

Not Applicable

Zip

32301

Country

Zip

32301

Country

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

F. Marshall Deterding

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

2548 Blairstone Pines Drive

City

Tallahassee,

FL

Zip Code

32301

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

FEE IS \$61.25  
Initial or Amended UBR

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  
D James, H.R.  
P.O. Box 441149  
Jacksonville, FL 32222-0012

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D Rasmussen, Don  
200 Weathersfield Ave.  
Altamonte Springs, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D Watford, Stephen  
6915 Perrine Ranch Rd..  
New Port Richey, FL 34655

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. Marshall Deterding  
Power of Attorney/  
Registered Agent

Date

Daytime Phone #

**FILED**

02 AUG 19 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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