

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90107 017 ****61.25

DOCUMENT # 740997

1. Entity Name

FLORIDA WATER QUALITY ASSOCIATION, INC.

Principal Place of Business

**1405 WINDEMERE AVE.
P.O. BOX #2531
LAKELAND FL 33806**

Mailing Address

**1405 WINDEMERE AVE.
P.O. BOX #2531
LAKELAND FL 33806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2870834

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRUEBLOOD, SUZANNE P.
1405 WINDEMERE AVENUE
LAKELAND FL 33803**

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 **KUYAWA, MARK**
STREET ADDRESS **3112 45TH ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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

TITLE **TD** ☐ Delete
NAME **EATON, LARRY**
STREET ADDRESS **1475 12TH ST E**
CITY-ST-ZIP **PALMETTO FL 34222**

TITLE **VP, D** ☒ Change ☐ Addition
NAME **6265 E. Sawgrass Rd.**
STREET ADDRESS **Sarasota, FL 34240**
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **GRIFFIN, STAN**
STREET ADDRESS **211 CLAUDE BRANDON RD.**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **T/D** ☐ Change ☐ Addition
NAME **DAVID BEEMAN**
STREET ADDRESS **3713 Smoke Hickory Lane**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 561-683-0101

Date

Daytime Phone #

CR2E037 (9/01)