

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744910

1. Entity Name

FLORIDA ASSOCIATION OF SOIL AND WATER CONSERVATI

Principal Place of Business

Mailing Address

16806 NW 40TH PLACE  
NEWBERRY FL 32669

16806 NW 40TH PLACE  
NEWBERRY FL 32669-2001

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

59-6564928

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

FORD, THOMAS R.  
RT 1 BOX 1077  
BRYCEVILLE FL 32009

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 ☐ Delete  
NAME VD  
STREET ADDRESS THOMAS R. FORD  
CITY-ST-ZIP RT. 1, BOX 1077 N/A  
BRYCEVILLE FL

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS FORD, TIM  
CITY-ST-ZIP 5411 ST. HELENA ROAD  
LAKE WALES FL 33853

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MICHAEL STOKES  
CITY-ST-ZIP 540 WEST MILL STREET  
BALDWIN FL

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS MCCALL, VIRGINIA  
CITY-ST-ZIP P O BOX 276 N/A  
SALEM FL 32356

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS TOMPKINS, CHRIS I  
CITY-ST-ZIP 110 CENTRAL DR  
BRANDON FL 33510-4320

TITLE ☒ Change ☐ Addition  
NAME Vice President  
STREET ADDRESS Betty Glassburn  
CITY-ST-ZIP 6655 Keentown Rd  
Duette, FL 33834

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DOROTHY LEWIS,  
CITY-ST-ZIP RT 1, BOX 233 N/A  
MONTICELLO FL 32344

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

Date

Daytime Phone #

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90137 050 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1/11/00

352/472-5462