

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759200

1. Entity Name

1774 WATER COOPERATIVE, INC.

Principal Place of Business

28200 BERMONT RD
PUNTA GORDA FL 33982
US

Mailing Address

28200 BERMONT RD
PUNTA GORDA FL 33982
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

59-2533183

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

OLSON, MARYANN
2679 MAN OF WAR CIRCLE
SARASOTA FL 34240

Name Maryann Olson Boehm

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

28200 BERMONT ROAD

City Punta Gorda

FL

Zip Code 33982

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

Maryann Olson Boehm

(NOTE: Registered Agent's signature required when reinstating)

04/18/02

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 PSD
NAME DEPLONTY, DUANE E ☐ Delete
STREET ADDRESS 937 BLUE HERON OVERLOOK
CITY-ST-ZIP OSPREY FL

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

TITLE VD
NAME DEPLONTY, JOAN ☐ Delete
STREET ADDRESS 937 BLUE HERON OVERLOOK
CITY-ST-ZIP OSPREY FL

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

TITLE ST
NAME OLSON, MARYANN ☐ Delete
STREET ADDRESS 2679 MAN OF WAR CIRCLE
CITY-ST-ZIP SARASOTA FL 34240

TITLE Secretary
NAME Maryann Olson Boehm ☒ Change ☐ Addition
STREET ADDRESS 28200 BERMONT ROAD
CITY-ST-ZIP Punta Gorda, FL 33982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer
NAME Ronald J. Olson ☐ Change ☒ Addition
STREET ADDRESS 28200 BERMONT ROAD
CITY-ST-ZIP Punta Gorda, FL 33982

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:

Maryann Olson Boehm

Maryann Olson Boehm

04/18/02

44-659
8663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)