

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 12, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000001618****1. Entity Name**  
WATER ACCESS TASK FORCE, INCORPORATED**Principal Place of Business**  
P.O. BOX 430796  
MIAMI FL 332430796**Mailing Address**  
P.O. BOX 430796  
MIAMI FL 332430796**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number**☒ 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**RAY DAVID  
605 BLUE RD.CORAL GABLES FL  
33146 US

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** **07/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D	<input type="checkbox"/> Delete
NAME	LENARD JESSICA	
STREET ADDRESS	1819 L ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKSTONE MICK	
STREET ADDRESS	1819 L ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAY DAVID	
STREET ADDRESS	605 BLUE RD.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SPRAGUE JOHN H	
STREET ADDRESS	10918 LARCH CT.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE JIM	
STREET ADDRESS	1819 L ST., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:**

David D. Ray

DT

07/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)