2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90234 013 ****61.25

DOCUMENT # N00000005994

1. Entity Name

FLORIDA WATER POLLUTION CONTROL FINANCING CORPOR ATION

Principal Place of Business	Mailing Address
C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE FL 32308	C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BLVD TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

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 59-3714482 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOW, HORACE II
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name THOMAS A. BEENCK
Street Address (P.O. Box Number is Not Acceptable)
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD
City TALLAHASSEE **FL** Zip Code 32308

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 Thomas A Beenck, Secretary — April 25, 2002 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARDUIN, DONNA PL-05 THE CAPITOL TALLAHASSEE FL 32399-0001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLIGAN, ROBERT F PL-09 THE CAPITOL TALLAHASSEE FL 32399-0350	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, BILL PL-11 THE CAPITOL TALLAHASSE FL 32399-0300	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR TOM GALLAGHER PL-11 THE CAPITOL TALLAHASSEE, FL 32399-0300	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRUHS, DAVID 3900 COMMONWEALTH BLVD MS 10 TALLAHASSEE FL 32399-2440	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO HERNON, TOM 3701 BOBBIN BROOK WEST TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEENCK, THOMAS A 475 MERLIN WAY TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Thomas A Beenck THOMAS A. BEENCK — April 25, 2002 — 850/413-7183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #