2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 08:00 AM
Secretary of State

DOCUMENT # **N00000008131**

1. Entity Name
FLORIDA SECTION OF THE AMERICAN WATERWORKS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
769 ALLENDALE ROAD	769 ALLENDALE ROAD
KEY BISCAYNE FL 33149	KEY BISCAYNE FL 33149

2. Principal Place of Business	3. Mailing Address
4870 S. ATLANTIC AVENUE	4870 S. ATLANTIC AVENUE
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.: 204
City & State: NEW SMYRNA BEACH FL	City & State: NEW SYMRNA BEACH FL
Zip: 32169 Country:	Zip: 32169 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **23-7027079** ☐ 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
ST. JOHN CHARLOTTE 769 ALLENDALE ROAD KEY BISCAYNE FL 33149	Name: ST. JOHN CHARLOTTE Street Address (P.O. Box Number is Not Acceptable): 4870 S. ATLANTIC AVENUE 204 City: NEW SMYRNA BEACH FL Zip Code: 32169

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 _____ **03/06/2001**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT MIKE 306 E. JACKSON, 5E TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORBERT JACQUELINE 8100 PRESIDENT'S DRIVE, #200 ORLANDO FL 32809	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRODUER TIMOTHY 2301 MAITLAND CENTER PARKWAY MAITLAND FL 327514128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AGUIAR LUIS 1001 N W 11TH STREET MIAMI FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COATES RICHARD 4000 HOLLYWOOD BLVD, 7N HOLLYWOOD FL 33021	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASH JEFF 225 E. ROBINSON STREET, #505 ORLANDO FL 328014322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUFFIN LARRY J 7928 SEBAGO COURT ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEHMAN PATRICK 1645 BARBER ROAD, SUITE A SARASOTA FL 342509392	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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: Larry J. Ruffin D 03/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #