

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90273 025 \*\*\*\*61.25

**DOCUMENT # N00000008131**

1. Entity Name

**FLORIDA SECTION OF THE AMERICAN WATERWORKS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~4870 S. ATLANTIC AVENUE~~ **448 Bouchelle Drive, #204**  
~~204~~  
 NEW SMYRNA BEACH FL 32169

~~4870 S. ATLANTIC AVENUE~~ **448 Bouchelle**  
~~204~~  
 NEW SMYRNA BEACH FL 32169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7027079**

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

**ST. JOHN, CHARLOTTE**  
~~4870 S. ATLANTIC AVENUE~~ **448 Bouchelle Drive**  
~~204~~  
 NEW SMYRNA BEACH FL 32169

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 ~~LEHMAN, PATRICK~~  
 STREET ADDRESS ~~1645 BARBER ROAD, SUITE A~~  
 CITY-ST-ZIP ~~SARASOTA FL 34250-9392~~

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Glenn Yancy**  
 CITY-ST-ZIP **2035 Landmark Drive, #211**  
**Clearwater, FL 33741**

TITLE ☐ Delete  
 NAME **RUFFIN, LARRY J**  
 STREET ADDRESS **7928 SEBAGO COURT**  
 CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE ☐ Delete  
 NAME **NASH, JEFF**  
 STREET ADDRESS **225 E. ROBINSON STREET, #505**  
 CITY-ST-ZIP **ORLANDO FL 32801-4322**

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

TITLE ☐ Delete  
 NAME **COATES, RICHARD**  
 STREET ADDRESS **4000 HOLLYWOOD BLVD, 7N**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE ☐ Delete  
 NAME **BRODUE, TIMOTHY**  
 STREET ADDRESS **2301 MAITLAND CENTER PARKWAY**  
 CITY-ST-ZIP **MAITLAND FL 32751-4128**

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

TITLE ☐ Delete  
 NAME **TORBERT, JACQUELINE**  
 STREET ADDRESS **8100 PRESIDENT'S DRIVE, #200**  
 CITY-ST-ZIP **ORLANDO FL 32809**

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 #

**4/14/02**

**386-423**

**0789**

CR2E037 (9/01)