

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90151 011 ****61.25

DOCUMENT # N02000000513

1. Entity Name

WATER ENHANCEMENT & RESTORATION COALITION, INC.



Principal Place of Business

**1520 ROYAL PALM SQUARE BLVD., STE. 160
FT. MYERS FL 33919**

Mailing Address

**1520 ROYAL PALM SQUARE BLVD., STE. 160
FT. MYERS FL 33919**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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

**FOREHAN, WALTER
125 S. GADSDEN ST., STE. 300
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Delete
NAME **Tom Con Recode**
STREET ADDRESS **3003 Tamiami Tr. N. Ste 400**
CITY-ST-ZIP **Naples, FL. 34103**

TITLE **Director, Pres, Chairman** ☐ Change ☐ Addition
NAME **David Graham**
STREET ADDRESS **9990 Coconut Rd. Ste 200**
CITY-ST-ZIP **Bowita Springs, FL. 34135**

TITLE **Director** ☐ Delete
NAME **Scott Connell**
STREET ADDRESS **9240 Marketplace Rd. Ste 2**
CITY-ST-ZIP **Fort Myers, FL. 33912**

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

TITLE **Director** ☐ Delete
NAME **Rick Barber**
STREET ADDRESS **7400 Tamiami Tr. N. Ste 200**
CITY-ST-ZIP **Naples, FL. 34108**

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

TITLE **Director** ☐ Delete
NAME **Mike Bauer**
STREET ADDRESS **109 Debron Dr.**
CITY-ST-ZIP **Naples, FL. 34112**

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

TITLE **Director** ☐ Delete
NAME **Carl Barraco**
STREET ADDRESS **2121 West First St.**
CITY-ST-ZIP **Fort Myers, FL. 33902**

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

TITLE **Director, Treasurer, Secretary** ☐ Delete
NAME **Sharon Arnold**
STREET ADDRESS **1520 Royal Palm Sq. Blvd. Ste 160**
CITY-ST-ZIP **Fort Myers, FL. 33919**

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

CR2E037 (10/02)