

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90059 010 ****61.25

DOCUMENT # N35814

1. Entity Name

CORKSCREW REGIONAL ECOSYSTEM WATERSHED LAND AND

Principal Place of Business

**2301 MCGREGOR BLVD
3RD FLOOR
FT MYERS FL 33901
US**

Mailing Address

**2301 MCGREGOR BLVD
3RD FLOOR
FT MYERS FL 33901
US**

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

65-0246331

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

**HAMMOND, WILLIAM
5456 PAKER DRIVE
FT. MYERS FL 33919**

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

TITLE	CTR	<input type="checkbox"/> Delete
NAME	JUDAH, RAY	
STREET ADDRESS	13390 CORAL DRIVE	
CITY-ST-ZIP	FT MYERS FL 33908	

TITLE	VCT	<input type="checkbox"/> Delete
NAME	DALTRY, WAYNE	
STREET ADDRESS	1995 LONGFELLOW DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33903	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOLE, STANLEY	
STREET ADDRESS	715 10TH ST SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREY, JIM	
STREET ADDRESS	1625 HENDRY ST	
CITY-ST-ZIP	FORT MYERS FL 33901	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTRY, WAYNE	
STREET ADDRESS	1995 Longfellow Dr	
CITY-ST-ZIP	Ft. Myers, FL 33903	

TITLE	VCT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, DAVID	
STREET ADDRESS	3461 Bonita Bay Blvd.	
CITY-ST-ZIP	Bonita Springs, FL 34134	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, ED	
STREET ADDRESS	375 Sanctuary Rd.	
CITY-ST-ZIP	Naples, FL 34120	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDAH, RAY	
STREET ADDRESS	13390 Coral Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33908	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellen Lindblad	
STREET ADDRESS	2301 McGregor Blvd.	
CITY-ST-ZIP	Ft. Myers, FL 33901	

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:

Ellen Lindblad
ELLEN LINDBLAD 3-12-01 941-332-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)