## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N35814** 1. Entity Name CORKSCREW REGIONAL ECOSYSTEM WATERSHED LAND AND WATER TRUST, INCORPORATED Principal Place of Business Mailing Address 2301 MCGREGOR BLVD 2301 MCGREGOR BLVD 3RD FLOOR 3RD FLOOR FT MYERS FL 33901 FT MYERS FL 33901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILE NOW: FEE IS \$61.25

1995 LONGFELLOW DRIVE

FORT MYERS FL 33903

3461 BONITA BAY BLVD.

BONITA SPRINGS FL 34134

DALTRY, WAYNE

GRAHAM, DAVID

Carlson, Ed

JUDAH, RAY

375 SANCTUARY RD.

13390 CORAL DRIVE

LINDBLAD, ELLEN

FORT MYERS FL 33908

2301 MCGREGOR BLVD.

FORT MYERS FL 33901

NAPLES FL 34120

VCT

HAMMOND, WILLIAM 5456 PAKER DRIVE FT. MYERS FL 33919

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

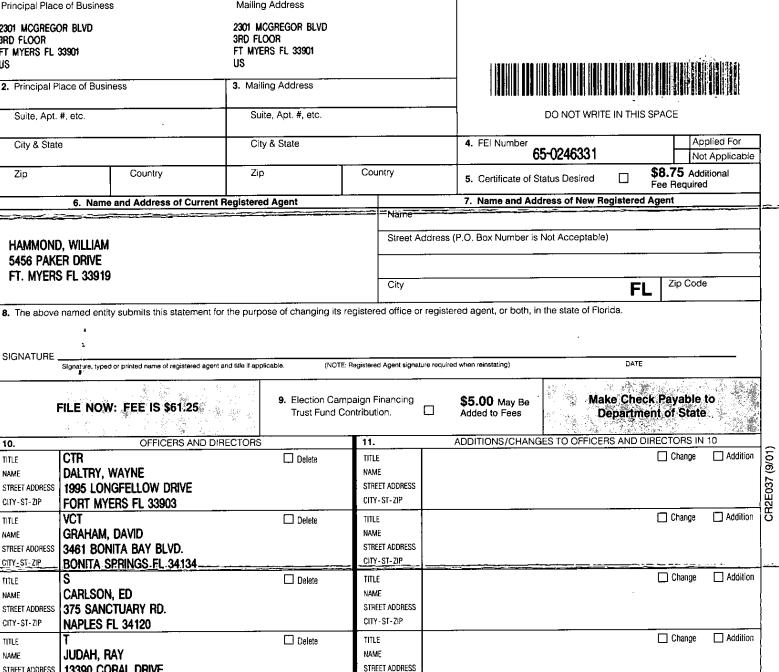
CITY-ST-7IP

CITY\_ST\_ZIP

CITY-ST-ZIP

## FILED Apr 21, 2002 8:00 am Secretary of State

04-21-2002 90889 040 \*\*\*\*61.25



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.

CITY-ST-ZIP

City

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITI F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Trust Fund Contribution.

☐ Delete

Delete

☐ Delete

☐ Delete

Delete

☐ Delete

FIGER OR DIRECTOR Date Daytime Pho

☐ Change

☐ Change

☐ Addition

☐ Addition