

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

DOCUMENT # N35814		
1. Entity Name CORKSCREW REGIONAL ECOSYSTEM WATERSHED LAND AND WATER TRUST, INCORPORATED		
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 23998 Corkscrew Rd.		3. Mailing Address 23998 Corkscrew Rd.
City & State Estero, FL		City & State Estero, FL
Zip 33928		Zip 33928
Country USA		Country USA
4. FEI Number 85-0246331		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HAMMOND, WILLIAM 6486 PAKER DRIVE FT. MYERS, FL 33919		7. Name and Address of New Registered Agent 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 _____ DATE _____		
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 NAME STREET ADDRESS CITY-ST-ZIP	CTR DALTRY, WAYNE 1996 LONGFELLOW DRIVE FORT MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT GRAHAM, DAVID 3481 BONITA BAY BLVD. BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARLSON, ED 376 SANCTUARY RD. NAPLES, FL 34120	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUDAH, RAY 13390 CORAL DRIVE FORT MYERS, FL 33908	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDBLAD, ELLEN 2301 MCGREGOR BLVD. FORT MYERS, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Ellen Lindblad 23998 Corkscrew Rd Estero, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 199.07(3)(X), Florida Statutes. I further certify that the information indicated on this report or our permanent 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 517, 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		5-30-03 239-657-2253