

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90253 042 ****61.25

DOCUMENT # N44046

1. Entity Name

CITIZENS FOR WATER, INC.

Principal Place of Business

**808 PARK AVENUE
 DELEON SPRINGS FL 32130**

Mailing Address

**808 PARK AVENUE
 DELEON SPRINGS FL 32130**

2. Principal Place of Business

808 Park Ave
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

DeLeon Springs
 Zip **32130** Country **USA**

City & State

Zip Country

4. FEI Number

59-3085526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SCHULER, RICHARD W.
 808 PARK AVENUE
 DELEON SPRINGS FL 32130**

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

Richard W. Schuler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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	PD	<input type="checkbox"/> Delete
NAME	SCHULER, RICHARD W.	
STREET ADDRESS	808 PARK AVE.	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHULER, JEANE G.	
STREET ADDRESS	808 PARK AVE.	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAYTON, ELIZABETH	
STREET ADDRESS	2 SYLVIN ROAD	
CITY-ST-ZIP	DELEON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUNTER, CHRIS	
STREET ADDRESS	4799 HARMONEYWOODER TRAIL	
CITY-ST-ZIP	DELEON SPRINGS FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard W. Schuler

CR2E037 (4/02)