

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N47138

1. Entity Name

SPWMD EMPLOYEE COMMITTEE, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

04-18-2000 90202 050 ****61.25

Principal Place of Business

3301 GUN CLUB ROAD
WEST PALM BEACH FL 33406

Mailing Address

3301 GUN CLUB ROAD
WEST PALM BEACH FL 33406-3007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0365433

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORI, LISSETTE C.
C/O SO. FLORIDA WATER MANAGEMENT DISTRICT
3301 GUN CLUB ROAD
WEST PALM BEACH FL 33406

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.

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	CD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROSEANNE	
STREET ADDRESS	3301 GUN CLUB ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ARCHER, JANICE	
STREET ADDRESS	3301 GUN CLUB ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SORI, LISSETTE	
STREET ADDRESS	3301 GUN CLUB ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, SUSAN	
STREET ADDRESS	3301 GUN CLUB ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juli Triola	
STREET ADDRESS	3301 Gun Club Road	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Hummel	
STREET ADDRESS	3301 Gun Club Road	
CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Moree	
STREET ADDRESS	3301 Gun Club Road	
CITY-ST-ZIP	West Palm Beach, FL 33406	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)