

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47138

1. Entity Name

SFWMD EMPLOYEE COMMITTEE, INC.

**FILED**  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90018 047 \*\*\*\*\*61.25

654803



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3301 GUN CLUB ROAD WEST PALM BEACH FL 33406		Mailing Address 3301 GUN CLUB ROAD WEST PALM BEACH FL 33406	
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 65-0365433		Applied For Not Applicable	
		\$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] SORI, LISSETTE C., Treasurer 5/1/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling.) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRIOLA, JULI 3301 GUN CLUB ROAD WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUMMEL, LINDA 3301 GUN CLUB ROAD WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUMMEL, LINDA 3301 GUN CLUB ROAD WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSO SORI, LISSETTE 3301 GUN CLUB ROAD WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOREE, PAULA 3301 GUN CLUB ROAD WEST PALM BEACH FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] Lisette Sori, Treasurer, 5/1/01 (561) 682-6399

CR2E037 (10/00)