

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90355 014 *****61.25

DOCUMENT # N51289

1. Entity Name

FLORIDA SECTION, AMERICAN WATER RESOURCES ASSOCIATION, INC.



Principal Place of Business

**730 NE WALDO RD
BLDG A
GAINESVILLE FL 32641
US**

Mailing Address

**730 NE WALDO RD
BLDG A
GAINESVILLE FL 32641
US**

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 **59-3176538**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIDDLECOMB, ALLAN
C/O JONES, EDMUNDS & ASSOC
730 NE WALDO RD BLDG A
GAINESVILLE FL 32641**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BIDDLECOMB, ALLAN**
STREET ADDRESS **730 NE WALDO RD BLDG A**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **STEBUISKY, RICK J**
STREET ADDRESS **5405 CYPRESS CENTER DR #200**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Change ☒ Addition
NAME **Rumanik, Roger**
STREET ADDRESS **U.S. Geological Survey**
CITY-ST-ZIP **227 N. Bronough St., Suite 3015
Tallahassee, FL 32301**

TITLE **D** ☐ Delete
NAME **CULLUM, MICHAEL G**
STREET ADDRESS **4575 CARTER RD**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MESIANO, MICHAEL D**
STREET ADDRESS **PERIMETER PARK BLVD, SUITE #11**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STIMMEL, WILLIAM C**
STREET ADDRESS **7335 LAKE ELLENOR DRIVE**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **EDELSTEIN, RAND JR**
STREET ADDRESS **7 TOM ROBERT ROAD**
CITY-ST-ZIP **PANACEA FL 32346**

TITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/21/03 (352) 377-5821

CR2E037 (10/02)