

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003476

1. Entity Name

COMMITTEE FOR RESPONSIBLE WATER USE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

P.O. BOX 866
PALMETTO FL 34220

Mailing Address

P.O. BOX 866
PALMETTO FL 34220

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

65-0417711

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

MANSON, DOUGLAS P
100 SOUTH ASHLEY DRIVE
SUITE 1190
TAMPA FL 33602

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SPENCER, ROBERT N
STREET ADDRESS 4820 RIVERVIEW BLVD.
CITY-ST-ZIP BRANDON FL 34209

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

TITLE T ☐ Delete
NAME CARRAWAY, MAC
STREET ADDRESS 501 10TH STREET WEST
CITY-ST-ZIP PALMETTO FL 34221

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

TITLE D ☐ Delete
NAME BROCK, TOMMY
STREET ADDRESS 802 E TRAPNELL RD
CITY-ST-ZIP PLANT CITY FL 33566

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

TITLE D ☐ Delete
NAME HAMEL, RON
STREET ADDRESS P.O. BOX 1319 N/A
CITY-ST-ZIP LABELLE FL 33935

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90014 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)