

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0057771

04-30-2001 90138 039 ****61.25

DOCUMENT # N94000006278

1. Entity Name

APOLLO BEACH WATERWAY IMPROVEMENT GROUP, INC.

Principal Place of Business

Mailing Address

ROBERT H. MOHR, ATTORNEY
 137 S PEBBLE BEACH BLVD #100
 SUN CITY CENTER FL 33573-5718
 US

ROBERT H. MOHR, ATTORNEY
 137 S. PEBBLE BEACH BLVD #100
 SUN CITY CENTER FL 33573-5718
 US

00075011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3292113

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOHR, ROBERT H
 CORPORATE CENTER, SUITE 100
 137 S. PEBBLE BEACH BLVD.
 SUN CITY CENTER FL 33573-5718

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	<input type="checkbox"/> Delete
NAME	HAGGARD, BOB	
STREET ADDRESS	6522 SOLITAIRE PALM WAY	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LITTLE, TOM	
STREET ADDRESS	6502 SANTIAGO COURT	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NORMAN, OLIVER	
STREET ADDRESS	907 GOLF ISLAND DRIVE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMOLEMSKI, JOHN	
STREET ADDRESS	736 JAMAICA CIRCLE WEST	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, JERRY	
STREET ADDRESS	6413 RUBIA CIRCLE	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE		<input type="checkbox"/> Delete
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: *John N. Smith* **REQUIRED**

4/23/01

(813) 634-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)