

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90303 011 \*\*\*\*61.25

**DOCUMENT # N94000006278**



1. Entity Name  
**APOLLO BEACH WATERWAY IMPROVEMENT GROUP, INC.**

Principal Place of Business  
**ROBERT H. MOHR, ATTORNEY  
137 S PEBBLE BEACH BLVD #100  
SUN CITY CENTER FL 33573-5708  
US**

Mailing Address  
**ROBERT H. MOHR, ATTORNEY  
137 S. PEBBLE BEACH BLVD #100  
SUN CITY CENTER FL 33573-5708  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3292113**  
Applied For  
 Not Applicable

City & State

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 33573-5708**

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 \_\_\_\_\_ (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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HAGGARD, BOB</b>	
STREET ADDRESS	<b>6522 SOLITAIRE PALM WAY</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LITTLE, TOM</b>	
STREET ADDRESS	<b>6502 SANTIAGO COURT</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, OLIVER</b>	
STREET ADDRESS	<b>907 GOLF ISLAND DRIVE</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>SMOLENSKI, JOHN</b>	
STREET ADDRESS	<b>736 JAMAICA CIRCLE WEST</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBERTS, JERRY</b>	
STREET ADDRESS	<b>6413 RUBIA CIRCLE</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	
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		
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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 1,19.07(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 the empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED**

*March 27, 2003 (813) 641-5216*

CR2E037 (10/02)