

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90253 002 ****61.25

0011041

DOCUMENT # N950Q0003741

1. Entity Name

THE DRAINAGE ASSOCIATION, INC.

Principal Place of Business

**1300 RIVERPLACE BOULEVARD
SUITE 610
JACKSONVILLE FL 32207**

Mailing Address

**1300 RIVERPLACE BOULEVARD
SUITE 610
JACKSONVILLE FL 32207**

2. Principal Place of Business

6215 Wilson Blvd.

3. Mailing Address

P.O. Box 7779

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL 32210

City & State

Jacksonville, FL 32238

4. FEI Number

59-3330597

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

**WARD, DOUGLAS A
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE FL 32207**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, H R SR 1300 RIVERPLACE BOULEVARD, SUITE 610 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6215 Wilson Blvd. Jacksonville, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD JAMES, CHARLES B 1300 RIVERPLACE BOULEVARD, SUITE 610 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6215 Wilson Blvd. Jacksonville, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BRANNEN, W M 1300 RIVERPLACE BOULEVARD, SUITE 610 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6215 Wilson Blvd. Jacksonville, FL 32210 <input checked="" 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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. M. Brannen**4/12/01**

Date

904/778-1888

Daytime Phone #

CR2E037 (10/00)