FILED

DOCUMENT # N9500003831 1. Entity Name CITIZENS FOR FLORIDA'S WATERWAYS, INC.					Feb 22, 2000 8:00 am Secretary of State 02-22-2000 90017 024 ****61.25			
Principal Place of Business 1395 GLENHAVEN DRIVE MERRITT ISLAND FL 32952		Mailing Address 1395 GLENHAVEN DRIVE MERRITT ISLAND FL 32952-5866		1 (111)/0	しせひたるんとと 			
2. Principal Place of Business 1520 Carmen 54. Suite, Apt. #, etc.		3. Mailing Address 1520 Carmer 54- Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat , Mirra Zip 329	iff Island, Fli	City & State Merrit Is Zip 32952	Country	- 	59-3336656 of Status Desired	88.75 Add		
327	6. Name and Address of Current F		<u> </u>	7. Name and	Address of New Regist	Fee Required		
1395 GLE	S, GEORGE L MAYEN DRIVE ISLAND FL 32952	7. Name and Address of New Registered Agent Name Fost Joseph 5. Street Address (P.O. Box Number is Not Acceptable) 1320 Carmen 5t. City Merry H Island FL Zip Code 32.952						
SIGNATURE	Signature typed or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election Campaign Fi	egistered Agent signature	\$5.00 May Be Added to Fees	Make Ch	DATE DECK Payable to ment of State		
10.	OFFICERS AND DIR	ECTORS	11.		NGES TO OFFICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAREN, DOUGLAS 1360 S. BANANA RIVER. DR. MERRITT ISLAND FL 32952	Delete	NAME	1PD sohnson, K 155 S. She Merritt Is	land Fl. 3.	⊘ Change 2 5 5 2	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, GEORGE L 1395 GLENHAVEN DRIVE MERRITT ISLAND FL 32952	Delete	TITLE NAME	Pritchard,	Ron 5	(XC) hange	☐ Addition d	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCALA, TRICIA B. 1520 CARMENT ST. MERRITT ISLAND FL 32952	Delete	CITY-ST-ZIP	Merritt Is	sland Fl. 3 t, Joseph S n St. sland Fl. 3	. Change . 2952	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, KIM 1755 S. SHELTER TRAIL MERRITT ISALAND FL 32952	☐ Delete	TITLE NAME STREET ADDRESS	SD Haugh , Kell 1840 Leslie	br. Incl Fl. 32	Change Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deløte	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby	certify that the information supplied with for this report or supplemental report is	this filing does not qualify for th	e exemption stated	d in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the in	formation	

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 at their like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2000 UNIFORM BUSINESS REPORT (UBR)

31 Jan 00 Date

Daytime Phone #