

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003831

1. Entity Name

CITIZENS FOR FLORIDA'S WATERWAYS, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90082 019 ****61.25

Principal Place of Business

Mailing Address

495 MOHAWK TRAIL
MERRITT ISLAND FL 32953

P.O BOX 541712
MERRITT ISLAND FL 32954-1712

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

59-3336656

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

FUST, JOSEPH
1520 CARMEN ST
MERRITT ISLAND FL 32952

Name Reynolds, George

Street Address (P.O. Box Number is Not Acceptable)

1395 Glenhaven Dr.

City Merritt Island

FL

Zip Code
32952

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
NAME PRITCHARD, RON J
STREET ADDRESS 495 MOHAWK TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32953 ☐ Delete

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

TITLE TD
NAME FUST, JOSEPH S
STREET ADDRESS 1520 CARMEN ST.
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☒ Delete

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

TITLE SD
NAME HAUGH, KELLY R
STREET ADDRESS 1340 LESLIE DR
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

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

TITLE VPD
NAME DVORAK, DANIEL
STREET ADDRESS 1625 YOUNT ST.
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TD
NAME Reynolds, George
STREET ADDRESS 1395 Glenhaven Dr.
CITY-ST-ZIP Merritt Island, FL 32952 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-02

CR2E037 (9/01)