

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004442

1. Entity Name

FLORIDA WATER COUNCIL, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90004 029 ****61.25

Principal Place of Business

Mailing Address

4524 GUN CLUB ROAD #203
WEST PALM BEACH FL 33415

4524 GUN CLUB ROAD #203
WEST PALM BEACH FL 33415-2815

2. Principal Place of Business

3. Mailing Address

One University Park
12800 University Park

One University Park
12800 University Park

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #600

Suite #600

City & State

City & State

Ft. Myers FL

Ft. Myers FL

Zip

Country

Zip

Country

33907

33907

LEE

4. FEI Number

65-0690936

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

VOGEL, CATHELEEN C
4524 GUN CLUB RD
W PALM BCH FL 33415

Name Cathleen C. Vogel - One University Pa

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

12800 University Park

Suite #600

City

Ft. Myers

FL

Zip Code

33907

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 D ☐ Delete
NAME FRENCH, P.E. F J.W.
STREET ADDRESS 155 MONROE ST
CITY-ST-ZIP FT. MYERS FL 33902

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

TITLE D ☒ Delete
NAME RODRIGUEZ, JORGE
STREET ADDRESS 4200 SALZEDO ST
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☒ Addition
NAME DAMEL, RON
STREET ADDRESS 255 S. MAIN ST
CITY-ST-ZIP LABELLE, FL 33935

TITLE D ☐ Delete
NAME RAPACH, FRED
STREET ADDRESS 2065 PRAIRIE RD
CITY-ST-ZIP WEST PALM BEACH FL 33406

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

TITLE D ☐ Delete
NAME LAMB, STEVE
STREET ADDRESS 4524 GUN CLUB RD STE 201
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Change ☒ Addition
NAME Roy Reynolds
STREET ADDRESS 2555 W. Copans Road
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2000 561-6894

Date

Daytime Phone #