

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004442

1. Entity Name

FLORIDA WATER COUNCIL, INC.

Principal Place of Business

ONE UNIVERSITY PARK
12800 UNIVERSITY PARK STE 600
FORT MYERS FL 33907

Mailing Address

ONE UNIVERSITY PARK
12800 UNIVERSITY PARK STE 600
FORT MYERS FL 33907

2. Principal Place of Business

40 MacVicar, Federico + Lamb
Suite, Apt. #, etc.
4524 Gun Club Road #201

3. Mailing Address

40 MacVicar, Federico + Lamb
Suite, Apt. #, etc.
4524 Gun Club Road #201

City & State

West Palm Beach, Fla

City & State

West Palm Beach, FL

Zip

33415

Country

USA

Zip

33415

Country

USA

6. Name and Address of Current Registered Agent

VOGEL, CATHLEEN C
12800 UNIVERSITY PARK
SUITE 600
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name VOGEL, CATHLEEN C

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

2600 ALATKA ST

City

MIAMI, FLA

FL

Zip Code

33133

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

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

TITLE D
NAME HAMEL, RON
STREET ADDRESS 255 S MAIN ST
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

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

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

TITLE D
NAME REYNOLDS, ROY
STREET ADDRESS 2555 W COPANS ROAD
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2001 561-689-1708

Date Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90256 011 ****61.25

00042172



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0690936 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)

0068802