

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002767

1. Entity Name

T&T Water Management Association, Inc.

Principal Place of Business

Mailing Address

1625 Hendry Street, #301
Fort Myers, FL:33901

APPROVED
AND
FILED

00 JUL -5 PM 12: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

365 - 5th Avenue South

3. Mailing Address

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Zip
34102

Country
USA

Zip

Country

4. FEI Number

65-0819978

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Humphrey, James T.
1625 Hendry Street, #301
Fort Myers, FL 33901

7. Name and Address of New Registered Agent

Name

Charles Thomas

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

365 - 5th Avenue South, Suite 201

City

Naples

FL

Zip Code
34102

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.

Charles Thomas, Director

(NOTE: Registered Agent signature required when reinstating)

DATE

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	Rabii, Fereydoon	<input checked="" type="checkbox"/> Delete
NAME	Post Office Box 3258	
STREET ADDRESS	Naples, FL 33939-3258	
CITY-ST-ZIP		
TITLE D	Roeder, Michael	<input type="checkbox"/> Delete
NAME	1625 Hendry Street, #301	
STREET ADDRESS	Fort Myers, FL 33901	
CITY-ST-ZIP		
TITLE D	Dewhirst, Ned	<input type="checkbox"/> Delete
NAME	6202 Presidential Ct., #D	
STREET ADDRESS	Fort Myers, FL 33907	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D	Charles Thomas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	365 5th Avenue South	
STREET ADDRESS	Naples, FL 34102	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles Thomas, Director 941/434-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)