

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001052

1. Entity Name

FLORIDA WATERWORKS ASSOCIATION LEGISLATIVE FUND, ✓

Principal Place of Business

P.O. BOX 4268
TALLAHASSEE FL 32315

Mailing Address

1000 COLOR PLACE
APOPKA FL 32703
US

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

59-3502718

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

GATLIN, B J ES
215 S MONROE ST
SUITE 815
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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
After September 13, 2000 min. will be \$236.25

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 NAME ☐ Delete
D ABERGER, LESTER
STREET ADDRESS 310 WEST COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE NAME ☐ Change ☒ Addition
Sweet, Charles
STREET ADDRESS 1000 Color Place
CITY-ST-ZIP APOPKA, FL 32703

TITLE NAME ☒ Delete
D ALLEN, GERALD S
STREET ADDRESS 4837 SWIFT ROAD #100
CITY-ST-ZIP SARASOTA FL 34231

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D JAMES, H R
STREET ADDRESS 1300 RIVERPLACE BLVD. #620
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
C PERRY, JAMES A
STREET ADDRESS 1000 COLOR PLACE
CITY-ST-ZIP APOPKA FL 32703

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete
ES ERWIN, JANET B
STREET ADDRESS 2548 BLAIRSTONE PINES
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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 #

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90077 040 ****61.25



DO NOT WRITE IN THIS SPACE