

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003710

1. Entity Name

ALAFIA RIVER BASIN STEWARDSHIP COUNCIL, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90417 005 ****61.25

Principal Place of Business
11215 MCMULLEN LOOP
RIVERVIEW FL 33569

Mailing Address
11215 MCMULLEN LOOP
RIVERVIEW FL 33569-5169

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
59-3535678

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

BRADFORD, CHERYL L
11215 MCMULLEN LOOP
RIVERVIEW FL 33569

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

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	P	<input type="checkbox"/> Delete
NAME	ROSSITER, STEVEN	
STREET ADDRESS	1120 CASA LOMA DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EISENMENGER, MARY	
STREET ADDRESS	10442 NIGHTENGAL DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRADFORD, CHERYL	
STREET ADDRESS	11215 MCMULLEN LOOP	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISENMENGER, AL	
STREET ADDRESS	10442 NIGHTENGAL DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CATHEY, CINDY	
STREET ADDRESS	9308 RIVER COVE DR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOVACH, CRAIG	
STREET ADDRESS	8214 REVEL RD.	
CITY-ST-ZIP	RIVERVIEW FL 33569	

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Morris	
STREET ADDRESS	7508 Alafia Dr.	
CITY-ST-ZIP	Riverview FL 33569	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eisenmenger, Mary	
STREET ADDRESS	10442 Nightengale Dr.	
CITY-ST-ZIP	Riverview FL 33569	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradford Cheryl	
STREET ADDRESS	11215 McMullen Loop	
CITY-ST-ZIP	Riverview FL 33569	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron McClain	
STREET ADDRESS	4421 Gentrice Dr.	
CITY-ST-ZIP	Valrico, FL 33594	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parker Keen	
STREET ADDRESS	10801 Wrigley Court	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Ackerly	
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: Cheryl L. Bradford 4/28/00 813-671-9255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)