

2000 UNIFORM BUSINESS REPORT (UBR)

0007635

DOCUMENT # N99000003121

1. Entity Name

PROTECT OUR WATERWAYS, INC.**APPROVED
AND
FILED**

00 MAR -2 PM 3:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**225 S. ADAMS ST., STE. 250
TALLAHASSEE FL 32301****225 S. ADAMS ST., STE. 250
TALLAHASSEE FL 32301-1709**

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

65-0922006

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

7. Name and Address of New Registered Agent

**PLANTE, KENNETH J
225 S. ADAMS ST., STE. 250
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**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	PD	<input type="checkbox"/> Delete
NAME	HURD, VANCE	
STREET ADDRESS	6437 PARK RD.	
CITY-ST-ZIP	FT. MYERS FL 33908	

TITLE	SD	<input type="checkbox"/> Delete
NAME	STRAYHORN, MICHAEL	
STREET ADDRESS	5690 HARBORAGE DR.	
CITY-ST-ZIP	FT. MYERS FL 33908	

TITLE	TD	<input type="checkbox"/> Delete
NAME	CASEY, ROBERT	
STREET ADDRESS	17587 BOAT CLUB DR.	
CITY-ST-ZIP	FT. MYERS FL 33908	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, changed, or on an attachment with an address, with all other like empowered.

FEB 26 2000

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vance Hurd

Date

Daytime Phone #

(941) 454-3363

CR2E037 (9/99)