

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 18, 2000 8:00 am
Secretary of State

04-11-2000 90227 013 ****61.25

DOCUMENT # N99000006086

1. Entity Name

NEIGHBORS AGAINST STORMWATER POLLUTION, INC.

Principal Place of Business

4702 BROWNING AVE
TAMPA FL 33629-7611

Mailing Address

4702 BROWNING AVE
TAMPA FL 33629-7611

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANK & GRAMBLING
601 N ASHLEY DRIVE STE 601
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME C. Joseph Keel, III ☐ Delete
STREET ADDRESS 5210 Thonotosassa Road DIR
CITY-ST-ZIP Plant City, FL 33565TITLE VP
NAME Barbara Romano ☐ Delete
STREET ADDRESS 5021 Shorecrest Circle DIR
CITY-ST-ZIP Tampa, FL 33609TITLE TREAS
NAME Helen J. Carastro ☐ Delete
STREET ADDRESS 4809 W. Bay Court DIR
CITY-ST-ZIP Tampa, FL 33611TITLE SEC
NAME Sandra Mulder ☐ Delete
STREET ADDRESS 4707 Cherokee Road DIR
CITY-ST-ZIP Tampa, FL 33629TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

4-6-00

Date

813-837-6325

Daytime Phone #

CR2E037 (9/99)