

2002 UNIFORM BUSINESS REPORT (UBR) - AMENDED**DOCUMENT # P95000027896**

1. Entity Name

FLORIDA WATER AUTHORITY, INC.**AMENDED****FILED****02 SEP 26 AM 11:53****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**8725 DUSTY LANE
NEW PORT RICHEY FL 34655-1001**

Mailing Address

**8725 DUSTY LANE
NEW PORT RICHEY FL 34655-1001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

NOT APPLICABLE

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

**TEW, JOEL R ESQ.
TEW, ZINOBER, BARNES, ZIMMET & UNICE
2655 MCCORMICK DRIVE
CLEARWATER FL 34619**

Name

Brown, George M.

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

8811 Dusty Lane

City

New Port Richey**FL**Zip Code
34655

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.

George M. Brown

(NOTE: Registered Agent signature required when reinstating)

DATE

8-26-20029. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After May 1, 2002 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, GEORGE M	
STREET ADDRESS	8811 DUSTY LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	OCKUNZZI, BILL	
STREET ADDRESS	2707 1ST STREET, SUITE 1	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHREUDER, PETER	
STREET ADDRESS	110 W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	TAMPA FL 33612	

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

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TEW, JOEL R	
STREET ADDRESS	2655 MCCORMICK DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33759	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George M. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-02 787-846-3108

Date

Daytime Phone #

CR2E034 (9/01)