5/2/00-90105-027-$150.00-$150.00

APPROVED AND FILED

00 JUN -8 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012106

1. Entity Name

METROPOLITAN CENTER SWMF CORPORATION

Principal Place of Business	Mailing Address
1700 CAPITAL CIRCLE SW TALLAHASSEE FL 32310	P.O. BOX 2235 TALLAHASSEE FL 32316-2235

CHANGE TO:

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1744 TARPON DRIVE Suite, Apt. #, etc.
City & State	City & State: TALLAHASSEE, FL
Zip / Country	Zip: 32308 / Country: 454

DO NOT WRITE IN THIS SPACE

4. FEI Number: APPLIED FOR — 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
JOHNSTON, MICHELE 3402 APALACHEE PKWY TALLAHASSEE FL 32311	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

9. 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, 2000 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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMP, ROBERT C	NAME	
STREET ADDRESS	1744 TARPON DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BENNETT, JIMMY R	NAME	
STREET ADDRESS	1049 SHADY REST RD	STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL 32333	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pg. 2 of 2

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
METROPOLITAN CENTER SWMF CORPORATION

2 Trade name of business (If different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
1744 TARPON DRIVE

5a Business address (if different from address in lines 4a and 4b)

4b City, state, and ZIP code
TALLAHASSEE, FL 32308

5b City, state, and ZIP code

6 County and state where principal business is located
LEON COUNTY, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor — SSN required (See instructions.) ▶ 265-38-4431
ROBERT C. CAMP

8a Type of entity (Check only one box.) (See instructions.)

- [ ] Sole proprietor (SSN)
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [ ] Other nonprofit organization (specify) ▶
- [ ] Other (specify) ▶ STORMWATER MANAGEMENT FACILITY CORPORATION
- [ ] Estate (SSN of decedent)
- [ ] Plan administrator • SSN
- [ ] Other corporation (specify) ▶
- [ ] Personal service corp.
- [ ] Limited liability co.
- [ ] National Guard
- [ ] Trust
- [ ] Federal Government/military
- [ ] Farmers' cooperative
- [ ] Church or church-controlled organization

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 Reason for applying (Check only one box.)

- [x] Started new business (specify) ▶ STORMWATER MANAGEMENT FACILITY CORP
- [ ] Hired employees
- [ ] Created a pension plan (specify type) ▶
- [ ] Banking purpose (specify) ▶
- [ ] Changed type of organization (specify) ▶
- [ ] Purchased going business
- [ ] Created a trust (specify) ▶
- [ ] Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)
1998

11 Closing month of accounting year (See instructions.)
- 12 - DECEMBER

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ N/A

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)* ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ STORMWATER MANAGEMENT FACILITY CORP

15 Is the principal business activity manufacturing? [ ] Yes [x] No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
- [ ] Public (retail)
- [ ] Other (specify) ▶
- [ ] Business (wholesale)
- [x] N/A

17a Has the applicant ever applied for an identification number for this or any other business? [ ] Yes [x] No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different than name shown on line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ ROBERT C. CAMP, PRESIDENT

Signature ▶ Date ▶ 6-2-00

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Form **SS-4** (Rev. 12-95)

ISA

STF FED7789F