

2000 UNIFORM BUSINESS REPORT (UBR)

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

APPROVED
AND
FILED

75/10/2

DOCUMENT # P98000012106

1. Entity Name

METROPOLITAN CENTER SWMF CORPORATION

00 JUN -8 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1744 TARPON DRIVE
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City & State TALLAHASSEE, FL	4. FEI Number APPLIED FOR	Applied For Not Applicable
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Zip 32308	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JOHNSTON, MICHELE
3402 APALACHEE PKWY
TALLAHASSEE FL 32311

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PD NAME CAMP, ROBERT C STREET ADDRESS 1744 TARPON DR CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE VD NAME BENNETT, JIMMY R STREET ADDRESS 1049 SHADY REST RD CITY-ST-ZIP HAVANA FL 32333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 # _____

119.07(3)(i)

[Handwritten Signature]

Pg. 2 of 2

Form **SS-4**

Application for Employer Identification Number

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

EIN

OMB No. 1545-0003

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Keep a copy for your records.

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

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

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

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 trustee — 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) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ **STORMWATER MANAGEMENT FACILITY CORPORATION**

Estate (SSN of decedent) _____

Plan administrator - SSN _____

Other corporation (specify) ▶ _____

Trust _____

Federal Government/military _____

Farmers' cooperative _____

Church or church-controlled organization _____

Personal service corp. _____

Limited liability co. _____

National Guard _____

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.)

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 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) _____ N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes 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.

ROBERT C. CAMP, PRESIDENT

Name and title (Please type or print clearly.) ▶ _____

Business telephone number (include area code) _____
Fax telephone number (include area code) _____

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