

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90176 034 ***158.75

DOCUMENT # V31586

1. Entity Name
MYRTLE SLOUGH CANAL MANAGEMENT CORPORATION

Principal Place of Business
ROUTE 2, BOX 1210
CLEWISTON FL 33440

Mailing Address
ROUTE 2, BOX 1210
CLEWISTON FL 33440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2550 Witt Road
 Suite, Apt. #, etc.

3. Mailing Address
2550 Witt Road
 Suite, Apt. #, etc.

City & State
Clewiston, FL

City & State
Clewiston, FL

4. FEI Number
65-0402845

Applied For
 Not Applicable

Zip
33440
 Country
Hendry

Zip
33440
 Country
Hendry

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

SOUND, CAREY
RT 2 BOX 1210
SUITE 3200
CLEWISTON FL 33440

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, 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPC
BECHER, JAMES C JR
RT 2 BOX 1210
CLEWISTON FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DT
STANLEY, RONALD J
RT 2 BOX 1210
CLEWISTON FL 33440

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DS
SOUND, CAREY
RT 2 BOX 1210
CLEWISTON FL 33440

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

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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: ☒ **Carey Sound**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02 **863-983-2135**
 Date Daytime Phone #

CR2E034 (9/01)