

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 184396

1. Entity Name

UNITED WATER SOUTH GATE INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90096 037 \*\*\*550.00

Principal Place of Business

Mailing Address

2746 SIESTA DR  
SARASOTA FL 34239  
US

C/O UNTD. WATER RE. - ATTN:GW ACCTING MAN.  
200 OLD HOOK ROAD  
HARRINGTON PARK NJ 07640-1716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0803703

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	MACHOVEC, KATHERINE	2746 SIESTA DR	SARASOTA FL	<input type="checkbox"/>
D	IACULLO, ROBERT	200 OLD HOOK RD	HARRINGTON PARK NJ	<input type="checkbox"/>
TD	TURNER, JOHN J.	200 OLD HOOK RD	HARRINGTON PARK NJ	<input type="checkbox"/>
PD	MOSELEY, GARY	P.O. BOX 8004, 1400 MILLGATE ROAD	JACKSONVILLE FL	<input type="checkbox"/>
S	SHAKLEY, ALLAN D.	200 OLD HOOK RD	HARRINGTON PARK NJ	<input type="checkbox"/>
AS	HJELM, CARLA	300 OLD HOOK RD	HARRINGTON PARK NJ	<input type="checkbox"/>

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Shakley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00  
Date

Daytime Phone #

CR2E034 (9/99)