

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90078 031 \*\*\*150.00

**DOCUMENT # F03003**

1. Entity Name  
**EASTFIELD UTILITIES COMPANY**

Principal Place of Business      Mailing Address  
 9707 WILLIAMS RD      9707 WILLIAMS RD  
 THONOTOSASSA FL 33592      THONOTOSASSA FL 33592-3554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**517 S. Falkenburg Rd.**      **P.O. Box 1914**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Tampa, FL**      **Seffner, FL**

4. FEI Number      Applied For  
**59-2508310**       Not Applicable

Zip      Country      Zip      Country  
**33619**      **USA**      **33583-1914**      **USA**

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**CHADWELL, DAVID R.**  
**9707 WILLIAMS RD**  
**THONOTOSASSA FL 33592**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**517 S. Falkenburg Rd.**  
 City      State      Zip Code  
**Tampa**      **FL**      **33619**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHADWELL, DAVID R. 2821 TIMBER KNOLL DRIVE VALRICO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHADWELL, JAMES M. 887 TIMBER POND DRIVE BRANDON FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHADWELL, LARRY E. 1903 CAPRI DRIVE VALRICO FL <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9116 Kenton Rd.</b> <b>Wesley Chapel, FL 33422</b>
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: **DAVID R. Chadwell**      Date: **2/27/00**      Daytime Phone #: **813-681-7600**

CR2E034 (9/99)