

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000041499**

1. Entity Name

TOWN AND COUNTRY UTILITIES COMPANY

Principal Place of Business

**8000 STATE ROAD 31
PUNTA GORDA FL 33982**

Mailing Address

**8000 STATE ROAD 31
PUNTA GORDA FL 33982**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2220 Palmer Street

Suite, Apt. #, etc.

City & State
Pittsburgh, PAZip
15218Country
USA4. FEI Number **52-2174307**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DEVANE, HOWARD
8000 STATE ROAD 31
PUNTA GORDA FL 33982****7. Name and Address of New Registered Agent**

Name

Earl Drayton Farr, Jr.

Street Address (P.O. Box Number is Not Acceptable)

115 W. Olympia Avenue

City

Punta Gorda,**FL**Zip Code
33950

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, 2001 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	PSTD CUDA, RICHARD S 3 SQUIRREL HILL LANE WEST HARTFORD CT 06107	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLITANO, CARL POST OFFICE BOX 8348 PITTSBURGH PA 15218	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, EARL D JR. POST OFFICE DRAWER 511447 PUNTA GORDA FL 33951	<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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2001

Date

412/351-3515

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90382 033 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)