

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 143061

1. Entity Name

TANGERINE WATER COMPANY, INC

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90013 031 \*\*\*150.00

Principal Place of Business

Mailing Address

P O BOX 304  
NO. SIDE HURON AVE  
TANGERINE FL 32777

P O BOX 304  
NO. SIDE HURON AVE  
TANGERINE FLA 32777-0304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1087494

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

HURLBURT, CONNIE L  
7647 LAKE OLA DR  
PO BOX 485  
TANGERINE FL 32777

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 D ☐ Delete  
NAME BLANTON, STEVE  
STREET ADDRESS LAKE OLA DR  
CITY-ST-ZIP TANGERINE FL

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

TITLE TD ☐ Delete  
NAME HURLBURT, CONNIE L  
STREET ADDRESS LAKE OLA DR., PO BOX  
CITY-ST-ZIP TANGERINE FL 32777

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

TITLE PD ☐ Delete  
NAME HATHAWAY, RUSSELL G  
STREET ADDRESS PO BOX 323  
CITY-ST-ZIP TANGERINE FL 32777

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

TITLE D ☐ Delete  
NAME CARDINELL, ROBERT  
STREET ADDRESS PALM LANE  
CITY-ST-ZIP TANGERINE FL

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

TITLE DV ☐ Delete  
NAME KELLENBERGER, DENNIS  
STREET ADDRESS PO BOX 32  
CITY-ST-ZIP TANGERINE FL 32777

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

TITLE DS ☐ Delete  
NAME HATHAWAY, LAURA  
STREET ADDRESS PO BOX 323  
CITY-ST-ZIP TANGERINE FL 32777

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

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:

*Connie L Hurlburt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/00 (352) 383-3515