

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90160 026 ***158.75

DOCUMENT # 208839

1. Entity Name

NORMANDY VILLAGE UTILITY CO.

Principal Place of Business

**7800 DELAROCHE DR
 PO BOX 37470
 JACKSONVILLE FL 32210
 US**

Mailing Address

**1828 FOURAKER RD.
 JACKSONVILLE FL 32221
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6066966**

Applied For

Not Applicable

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

**SHAABER, A.R.
 112 WEST ADAMS ST, STE 1603
 JACKSONVILLE FL 32202**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **MSD** ☐ Delete
 NAME **LETIEN, DOROTHY E**
 STREET ADDRESS **8091 LOURDES DR S**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **DV** ☐ Delete
 NAME **CRENSHAW, B J**
 STREET ADDRESS **7811 LEMANS DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **D** ☐ Delete
 NAME **MARTIN, L C**
 STREET ADDRESS **7967 LIMOGES DRIVE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **PD** ☐ Delete
 NAME **GMUCA, R F**
 STREET ADDRESS **8209 BAZAINE DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **DT** ☐ Delete
 NAME **DURBIN, RALPH L**
 STREET ADDRESS **2143 LAVALLE DR**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **DVT** ☐ Delete
 NAME **STUDY, NORMAN D**
 STREET ADDRESS **4631 MAGILL RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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:

Dorothy E. Letien **DOROTHY E. LETIEN**

4/16/01

(904) 781-1194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE SECRETARY

Date

Daytime Phone #

CR2E034 (10/00)