

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625628

1. Entity Name

WEST PUTNAM WATER SERVICES, INC.

FILED

Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90093 003 \*\*\*150.00

Principal Place of Business

Mailing Address

136 DELAWARE AVE.  
INTERLACHEN FL 32148  
US

136 DELAWARE AVE.  
INTERLACHEN FL 32148-3632  
US

C0051698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

190 REAVES AVE.  
Suite, Apt. #, etc.

3. Mailing Address

190 REAVES AVE  
Suite, Apt. #, etc.

City & State

INTERLACHEN, FL.

City & State

INTERLACHEN, FL.

4. FEI Number

59-1910299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VERMEULEN, RICHARD T  
136 DELAWARE AVE.  
INTERLACHEN FL 32148

7. Name and Address of New Registered Agent

Name VERMEULEN, RICHARD T.

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

190 REAVES AVENUE

City

Interlachen

FL

Zip Code

32148

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

RICHARD T. VERMEULEN Richard T. Vermeulen 3-27-00

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

TITLE P ☐ Delete  
NAME VERMEULEN, RICHARD T  
STREET ADDRESS 190 REAVES AVE  
CITY-ST-ZIP INTERLACHEN, FL 00000

TITLE ST ☐ Delete  
NAME WILLIAMS, BEATRICE  
STREET ADDRESS 136 DELAWARE AVE  
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ST ☒ Change ☐ Addition  
NAME WILLIAMS, BEATRICE  
STREET ADDRESS 190 REAVES AVE.  
CITY-ST-ZIP INTERLACHEN, FL 32148

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)