

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90035 001 \*1,500.00

**DOCUMENT # 630993**

1. Entity Name  
**SAWMILL RIDGE UTILITIES, INC.**

Principal Place of Business      Mailing Address  
**8465 OLD DIXIE HWY**      **8465 OLD DIXIE HWY**  
**POBOX 277**      **POBOX 277**  
**WABASSO FL 32970**      **WABASSO FL 32970**



DO NOT WRITE IN THIS SPACE

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 **59-1965945**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAVES, J RICHARD, JR**  
**8465 OLD DIXIE HWY**  
**WABASSO FL 32970**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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, 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	PD	<input type="checkbox"/> Delete
NAME	GRAVES, J RICHARD, JR	
STREET ADDRESS	8465 OLD DIXIE HWY	
CITY-ST-ZIP	WABASSO, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BASS, ELIZABETH G	
STREET ADDRESS	6275 N MIRROR LK DR	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOCKWOOD, THOMAS W	
STREET ADDRESS	7275 - 45TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 00000	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	RANSON, CHARLES T.	
STREET ADDRESS	3500 MARSHA LANE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:      **CHARLES T. RANSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      EXECUTIVE VICE PRESIDENT      JANUARY 15, 2001

Date      561-589-4356 Daytime Phone #

CR2E034 (10/00)