

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90004 033 ***150.00

DOCUMENT # 635265

1. Entity Name

SEBRING RIDGE UTILITIES, INC.

Principal Place of Business

Mailing Address

3625 VALERIE BLVD.
 P.O. BOX 488
 SEBRING FL 33870

3625 VALERIE BLVD.
 P.O. BOX 488
 SEBRING FL 33870-7814

2. Principal Place of Business

3625 VALERIE BLVD.
 Suite, Apt. #, etc.

3. Mailing Address

3625 VALERIE BLVD.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SEBRING, FLORIDA

City & State

SEBRING, FLORIDA

4. FEI Number

59-1950519

Applied For

Not Applicable

Zip

33870

Country

Zip

33870

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABLES, CLIFFORD M III
457 SOUTH COMMERCE AVENUE
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name **CHRISTOPHER MILLER**
 Street Address (P.O. Box Number is Not Acceptable)

3625 VALERIE BLVD.
 City **SEBRING** FL Zip Code **33870**

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 *Christopher Miller* (**CHRISTOPHER MILLER**)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE **3-28-00**

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	DVP	<input type="checkbox"/> Delete
NAME	MILLER, ROGER E.	
STREET ADDRESS	3625 VALERIE BLVD.	
CITY-ST-ZIP	SEBRING FL	
TITLE	DPTS	<input type="checkbox"/> Delete
NAME	MILLER, CHRISTOPHER F.	
STREET ADDRESS	3625 VALERIE BOULEVARD	
CITY-ST-ZIP	SEBRING FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Christopher Miller*
 CHRISTOPHER MILLER

3-28-00

Date

863
 385-8542

Daytime Phone #