

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90525 050 \*\*\*\*61.25

**DOCUMENT # 750296**

1. Entity Name

**ORANGE GROVE VILLAS WATER, INC.**

Principal Place of Business

37847 WICKLOW AVE.  
 ZEPHYRHILLS FL 33541  
 US

Mailing Address

~~8949 GALL BLVD.~~  
~~ZEPHYRHILLS FL 33541~~  
 US

626606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

37847 WICKLOW AVE

Suite, Apt. #, etc.

Zephyrhills, FL

City & State

33541 PASCO

Zip

Country

3. Mailing Address

37923 WICKLOW AVE

Suite, Apt. #, etc.

Zephyrhills FL

City & State

33541 PASCO

Zip

Country

4. FEI Number

59-2515146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MCQUAID, JOHN J.~~  
~~8949 GALL BLVD.~~  
~~ZEPHYRHILLS FL 33541-7410~~

7. Name and Address of New Registered Agent

Name BETTY BEAGLE  
 Street Address (P.O. Box Number is Not Acceptable) 37923 WICKLOW AVE  
Zephyrhills 33541  
 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 Betty Beagle

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

Betty Beagle

(NOTE: Registered Agent Signature required when reinstating)

2-19-01

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete  
 NAME BEAGLE, BETTY  
 STREET ADDRESS 37923 WICKLOW STREET  
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE SD ☐ Delete  
 NAME BEAGLE, ELIZABETH J  
 STREET ADDRESS 37923 WICKLOW STREET  
 CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE PD ☒ Delete  
 NAME MCQUAID, JOHN  
 STREET ADDRESS 8949 GALL BLVD  
 CITY-ST-ZIP ZEPHYRHILLS FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Presd. ☒ Change ☐ Addition  
 NAME DAVE CADWELL  
 STREET ADDRESS 37847 AVOCA AVE  
 CITY-ST-ZIP Zephyrhills, FL 33541

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Beagle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)