

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90123 048 \*\*\*\*61.25

DOCUMENT # 750296

1. Entity Name

ORANGE GROVE VILLAS WATER, INC.

Principal Place of Business

Mailing Address

37847 WICKLOW AVE.  
ZEPHYRHILLS FL 33541  
US

37923 WICKLOW AVE.  
ZEPHYRHILLS FL 33541  
US

2. Principal Place of Business

3. Mailing Address

37923 WICKLOW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Zephyrhills, FL

City & State

Zephyrhills, FL

City & State

33541 PASCO

Zip

Country

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

7. Name and Address of New Registered Agent

BEAGLE, BETTY  
37923 WICKLOW AVE.  
ZEPHYRHILLS FL 33541

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 reinstalling)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | TD                   | <input type="checkbox"/> Delete            |
| NAME           | BEAGLE, BETTY        |  |
| STREET ADDRESS | 37923 WICKLOW STREET |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33541 |  |
| TITLE          | SD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | BEAGLE, ELIZABETH J  |  |
| STREET ADDRESS | 37923 WICKLOW STREET |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33541 |  |
| TITLE          | PD                   | <input type="checkbox"/> Delete            |
| NAME           | CADWELL, DAVE        |  |
| STREET ADDRESS | 37847 AVOCA AVE      |  |
| CITY-ST-ZIP    | ZEPHYRHILLS FL 33541 |  |
| 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    |                      |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | SAME                  |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | SECRETARY             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BEVERLY FULLINGTON    |  |
| STREET ADDRESS | 37922 AVOCA AVE       |  |
| CITY-ST-ZIP    | Zephyrhills, FL 33541 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | SAME                  |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | VICE PRESIDENT        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | RICKY HELMS           |  |
| STREET ADDRESS | 37847 WICKLOW AVE     |  |
| CITY-ST-ZIP    | Zephyrhills, FL 33541 |  |
| 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    |                       |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2002 813-779 4248

Date

Daytime Phone #

CR2E037 (9/01)