

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90021 001 \*1,270.00

DOCUMENT # 828310

1. Corporation Name  
**AVATAR UTILITIES INC.**



Principal Place of Business

4837 SWIFT RD.  
SUITE 100  
SARASOTA FL 34231

Mailing Address

4837 SWIFT RD.  
SUITE 100  
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/18/1972

4. FEI Number

23-1582615

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, GERALD S  
4837 SWIFT RD.  
SUITE 100  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MCNAIRY, CHARLES L  
STREET ADDRESS 255 ALAHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ DELETE

TITLE PDC  
NAME ALLEN, GERALD S  
STREET ADDRESS 4837 SWIFT RD., #100  
CITY-ST-ZIP SARASOTA FL 34231 ☐ DELETE

TITLE VTD  
NAME MURPHY, MICHAEL  
STREET ADDRESS 4837 SWIFT RD., #100  
CITY-ST-ZIP SARASOTA FL 34231 ☐ DELETE

TITLE D  
NAME GETMAN, DENNIS J.  
STREET ADDRESS 255 ALAHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE S  
NAME CHUBBUCK, ANITA J  
STREET ADDRESS 4837 SWIFT RD #200  
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME KELFER, GERALD D  
1.3 STREET ADDRESS 201 ALHAMBRA CIR  
1.4 CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME MURPHY, MICHAEL E  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 201 ALHAMBRA CIR  
4.4 CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 4837 SWIFT RD #100  
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 2 or Block 13 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

Anita J. Chubbuck

4/13/99

941-925-3038

Date

Daytime Phone #

CR2E034 (1/98)