

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K17024

1. Entity Name

OCEAN CITY UTILITIES, INC.

Principal Place of Business

Mailing Address

2981 N. A1A  
FLAGLER BEACH FL 32136

P.O. BOX 1559  
FLAGLER BEACH FL 32136-1559

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

59-2943635

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

SPERRING, THOMAS R., SR  
2928 NW 22ND ST  
GAINESVILLE FL 32607

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 reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS  
NAME SPERRING, THOMAS R., SR  
STREET ADDRESS 2928 NW 22ND ST  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE DVP  
NAME SPERRING, PHYLLIS R.  
STREET ADDRESS 2928 NW 22ND ST  
CITY-ST-ZIP GAINESVILLE FL ☐ Delete

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

TITLE DP  
NAME HAIRELSON, COSKER  
STREET ADDRESS 4533 CANAL AVE.  
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 2455 N. Oceanshore Blvd  
CITY-ST-ZIP Flagler Bch, FL 32136 ☒ Change ☐ Addition

TITLE DT  
NAME HUNTER, JANIS L.  
STREET ADDRESS 4533 CANAL AVE.  
CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 19071 SE 137th Terr  
CITY-ST-ZIP Dunnellon, FL 34431 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (904) 439-3635

Date

Daytime Phone #

CR2E034 (9/99)