FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

653101

DOCUMENT # L96710

1. Entity Name

SOUTHLAKE UTILITIES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
333 U.S. HWY 27	333 U.S. HWY 27
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, Florida	City & State: Clermont, Florida
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. FEI Number: 59-3144120 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William J. Deas, Esquire

Street Address (P.O. Box Number Is Not Acceptable): 2215 River Boulevard

City: Jacksonville **FL** Zip Code: 32204

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: WILLIAM J. DEAS — April 24, 2002

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Jeffrey Cagan 16554 Crossings Blvd., Ste 4 Clermont, Florida 34711
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Director Nick J. Agliata, Jr. 25 East Erie Street Chicago, Illinois 60611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary William J. Deas 2215 River Boulevard Jacksonville, Florida 32204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ben VerHalen 25 East Erie Street Chicago, Illinois 60611
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY CAGAN — April 24, 2002 — 352-242-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

L96710 / 6053101

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org **Public Inquiry**

Florida Profit

SOUTHLAKE UTILITIES, INC.

PRINCIPAL ADDRESS
333 U.S. HWY 27
CLERMONT FL 34711 US
Changed 03/18/1997

MAILING ADDRESS
333 U.S. HWY 27
CLERMONT FL 34711 US
Changed 03/18/1997

Document Number L96710	**FEI Number** 593144120	**Date Filed** 08/27/1990
State FL	**Status** ACTIVE	**Effective Date** NONE
Last Event REINSTATEMENT	**Event Date Filed** 11/30/1998	**Event Effective Date** NONE

Registered Agent

Name & Address
CHAPMAN, ROBERT L. III 710 AVENIDA CUARTA SUITE #204 CLERMONT FL 34711
Name Changed: 02/23/1996
Address Changed: 02/23/1996

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
May 17, 2000 8:00 am
Secretary of State
02-16-2000 90004 025 ***150.00

Attachment

DOCUMENT # L96710

1. Entity Name
SOUTHLAKE UTILITIES, INC.

Principal Place of Business	Mailing Address
333 U.S. HWY 27 CLERMONT FL 34711 US	333 U.S. HWY 27 CLERMONT FL 34711-9650 US

DO NOT WRITE IN THIS SPACE

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 59-3144120 ☐ 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
CHAPMAN, ROBERT L. III 710 AVENIDA CUARTA SUITE #204 CLERMONT FL 34711	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVT CHAPMAN, ROBERT L III 333 US HWY 27 CLERMONT FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, President ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT CAGAN, JEFFREY 3856 OAKTON SKOKIE IL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Vice President ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Ronald H. Wilson~~ ~~Suite 101-B~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ronald H. Wilson SUITE 101-B 1481 KASTNER PLACE ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SANFORD, FL 32771 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Robert L. Chapman III President 4/3/2000 352 394 8898
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Daytime Phone #

Attachment
DOC# L96710/65-3101

Officer/Director Detail

Name & Address	Title
CHAPMAN, ROBERT L III 333 US HWY 27 CLERMONT FL 34711	DPVT
CAGAN, JEFFREY 3856 OAKTON SKOKIE IL 60076	DVT
WILSON, RONALD H 215 ROYAL OAKS DRIVE LONGWOOD FL 32779	D

Annual Reports

Report Year	Filed Date	Intangible Tax
1999	02/24/1999	
2000	05/17/2000	
2001	04/30/2001	N

Previous Filing | Return to List | Next Filing

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No Name History Information

View Document Image(s)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry | Corporations Help