

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90071 014 ****61.25

DOCUMENT # N00400

1. Entity Name

VILLAGE OF PINE RUN UTILITY CORPORATION

Principal Place of Business

Mailing Address

100 LIMWOOD PLACE
 ORMOND BCH. FL 32174
 US

100 LIMWOOD PLACE
 ORMOND BCH. FL 32174-2645
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2443262

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KESTER, WALTER
190-1 LIMWOOD PLACE
ORMOND BCH FL 32174

Name **Kester, Walter (same)**
 Street Address (P.O. Box Number is Not Acceptable) **190-1 Limewood Pl.**
 City **Ormond Beach** FL Zip Code **32174**

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

Walter F. Kester, J.P.

5/1/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES \$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	PD	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, RICHARD	
STREET ADDRESS	120-4 LIMWOOD PL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KESTER, WALTER	
STREET ADDRESS	190-1 LIMWOOD PL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCCAFFREY, JOHANNA	
STREET ADDRESS	210-8 LEMON TREE LANE	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ALICE	
STREET ADDRESS	210-9 LEMON TREE DR	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DEBORAH	
STREET ADDRESS	201-2 ORANGE GROVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, MORA	
STREET ADDRESS	140-2 LIMWOOD PL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schmidt, Tom	
STREET ADDRESS	226-3 Lemon Tree Ln.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kester, Walter	
STREET ADDRESS	190-1 Limewood Pl.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Gribbin	
STREET ADDRESS	230-1 Orange Grove Dr.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mast, Craig	
STREET ADDRESS	2 Tidesfall Dr	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George, Schnell	
STREET ADDRESS	200-6 Lemon Tree Ln.	
CITY-ST-ZIP	Ormond Beach, FL 32174	
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:

Walter F. Kester **WALTER F. KESTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

904.677.1017

Daytime Phone #

CR2E037 (9/99)