

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08157

1. Entity Name

CHERRY LAKE UTILITIES CORPORATION

Principal Place of Business

RT 3, BOX 360  
MADISON FL 32340

Mailing Address

RT 3, BOX 360  
MADISON FL 32340

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

59-0563580

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

HARDEE, CARY A.  
901 WEST BASE STREET  
MADISON FL

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

**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: ☐ Delete  
NAME: D  
STREET ADDRESS: DURST, JAMES  
CITY-ST-ZIP: 2814 NE CHERRY LAKE CIRCLE  
PINETTA FL 32350

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: P  
CITY-ST-ZIP: Route 3, Box 1014  
Madison, FL 32340

TITLE: ☐ Delete  
NAME: D  
STREET ADDRESS: GREENE, MICHAEL B  
CITY-ST-ZIP: BOX 10  
BARWICK, GA 31720-0010

TITLE: ☐ Change ☐ Addition  
NAME: P  
STREET ADDRESS: Route 3, Box 1014  
CITY-ST-ZIP: Madison, FL 32340

TITLE: ☐ Delete  
NAME: ST  
STREET ADDRESS: FINE, VERONICA L  
CITY-ST-ZIP: 3467 NE CHERRY LAKE CIRCLE  
PINETTA FL 32350

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

TITLE: ☐ Delete  
NAME: C  
STREET ADDRESS: BARRS, MELBA  
CITY-ST-ZIP: ROUTE 3, BOX 945  
MADISON FL 32340

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

TITLE: ☐ Delete  
NAME: VC  
STREET ADDRESS: RAY, CAROLYNE  
CITY-ST-ZIP: ROUTE 3, BOX 960  
MADISON FL 32340

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

TITLE: ☒ Delete  
NAME: D  
STREET ADDRESS: MATHIS, BRUCE  
CITY-ST-ZIP: 2361 NE CHERRY LAKE CIRCLE  
PINETTA FL 32350

TITLE: ☐ Change ☒ Addition  
NAME: D  
STREET ADDRESS: Jimmy Sublett  
CITY-ST-ZIP: 103 S. St. Augustine  
Valdosta, GA 31601

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: *Veronica L Fine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02 850-929-4620  
Date Daytime Phone #

CR2E037 (9/01)