

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90078 005 \*\*\*\*61.25

**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

**HARDEE, CARY A.  
901 WEST BASE STREET  
MADISON FL**

7. Name and Address of New Registered Agent

Name

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

**215 SE Pinckney**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DURST, JAMES</b> <b>2814 NE CHERRY LAKE CIRCLE</b> <b>PINETTA FL 32350</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GREENE, MICHAEL B</b> <b>ROUTE 3 BOX 1014</b> <b>MADISON FL 32340</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FINE, VERONICA L</b> <b>3467 NE CHERRY LAKE CIRCLE</b> <b>PINETTA FL 32350</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARRS, MELBA</b> <b>ROUTE 3, BOX 945</b> <b>MADISON FL 32340</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RAY, CAROLYNE</b> <b>ROUTE 3, BOX 960</b> <b>MADISON FL 32340</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUBLETT, JIMMY</b> <b>103 S ST AUGUSTINE</b> <b>VALDOSTA GA 31601</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Gerald Cox</b> <b>2539 NE Cherry Lake Circle</b> <b>Pinetta, FL 32350</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lowell Hidy</b> <b>Rt 3, Box 535</b> <b>Madison, FL 32340</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Otto Ledsome</b> <b>597 SE Hwy 19</b> <b>Crystal River, FL 34429</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Joseph Hartley</b> <b>Rt 3, Box 410</b> <b>Madison, FL 32340</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, S/T

3/14/2003

CR2E037 (10/02)