

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34475

1. Entity Name

SILVER SPRINGS REGIONAL WATER & SEWER, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90171 005 ****61.25

Principal Place of Business

Mailing Address

5300 E. SILVER SPRINGS BLVD.
SUITE E
SILVER SPRINGS FL 34488

5300 E. SILVER SPRINGS BLVD.
SUITE E
SILVER SPRINGS FL 34488-1732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3032920

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

FANNON, JOHN
2085 NW 60TH AVE.
OCALA FL 34470

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	DP	<input type="checkbox"/> Delete
NAME	FANNON, JOHN	
STREET ADDRESS	2085 NW 60TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KEN	
STREET ADDRESS	3298 NE 56TH AVE.	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, BARNETTE	
STREET ADDRESS	140 NE 53RD CT.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, GEORGE	
STREET ADDRESS	8061 NE JACKSONVILLE RD.	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	T	<input type="checkbox"/> Delete
NAME	DAVENPORT, CLIFF	
STREET ADDRESS	2828 NE 49TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SMITH, SIDNEY	
STREET ADDRESS	5585 E.S.S. BLVD	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Janet	
STREET ADDRESS	3928 NE 56 AVE	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Foster, LES	
STREET ADDRESS	5751 E. Silver Springs Blvd	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	Willis, Marjory	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2715 NE 52 CT	
STREET ADDRESS	Silver Springs FL 34488	
CITY-ST-ZIP	Director	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)