

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34475

1. Entity Name

SILVER SPRINGS REGIONAL WATER & SEWER, INC.

Principal Place of Business

5300 E. SILVER SPRINGS BLVD.

A
SILVER SPRINGS FL 34488

Mailing Address

5300 E. SILVER SPRINGS BLVD.

A
SILVER SPRINGS FL 34488

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

59-3032920

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

Mar. 6, 2002

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 ☐ Delete
NAME FANNON, JOHN
STREET ADDRESS 2085 NW 60TH AVE
CITY-ST-ZIP Ocala FL 34470

TITLE Director ☐ Change ☒ Addition
NAME Henderson, Lyda
STREET ADDRESS 4949 NE 26 PL
CITY-ST-ZIP Ocala, FL 34470

TITLE D ☐ Delete
NAME SMITH, JANET
STREET ADDRESS 3298 NE 56TH AVE.
CITY-ST-ZIP SILVER SPRINGS FL 34488

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

TITLE D ☐ Delete
NAME JAMES, BARNETTE
STREET ADDRESS 140 NE 53RD CT.
CITY-ST-ZIP Ocala FL 34470

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

TITLE D ☐ Delete
NAME HARPER, GEORGE
STREET ADDRESS 8061 NE JACKSONVILLE RD.
CITY-ST-ZIP Ocala FL 34479

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

TITLE T ☐ Delete
NAME DAVENPORT, CLIFF
STREET ADDRESS 2828 NE 49TH AVE
CITY-ST-ZIP Ocala FL 34470

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

TITLE DV ☐ Delete
NAME SMITH, SIDNEY
STREET ADDRESS 5585 E.S.S. BLVD
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mar. 6, 2002 (352) 236-3600



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)