

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**  
 04-12-2000 90084 005 \*\*\*\*70.00

**DOCUMENT # N39669**

1. Entity Name  
**CUTTER SOUND UTILITY ASSOCIATION, INC.**

Principal Place of Business 2381 S.W. CARRIAGE HILL TERR 106 PALM CITY FL 34990 US		Mailing Address 2381 S.W. CARRIAGE HILL TERR 106 PALM CITY FL 34990-4338 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPECTOR, SAUL 2381 S.W. CARRIAGE HILL TERR UNIT 102 PALM CITY FL 34990		7. Name and Address of New Registered Agent Name: <b>GERALD BROWN</b> Street Address (P.O. Box Number is Not Acceptable): <b>2381 SW CARRIAGE HILL TER. #106</b> City: <b>PALM CITY</b> FL <b>34990</b>	
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: <i>[Signature]</i> <b>GERALD BROWN</b> 3-22-00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPECTOR, SAUL 2381 SW CARRIAGE HILL TERR, #102 PALM CITY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERIC LABRANCÉ 2381 SW CARRIAGE HILL #104 PALM CITY, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTIER, ANTHONY P 2363 S.W. CARRIAGE HILL TR. PALM CITY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIE BUELOW 2381 SW CARRIAGE HILL #106 PALM CITY FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSA, LUCILLE 2363 S.W. CARRIAGE HILL TR. PALM CITY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANET ALVAREZ 2381 SW CARRIAGE HILL #106 PALM CITY, FL 34990 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(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]* **MARIE BUELOW** 3/22/00 541 287-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25837 (9/00)