

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90100 038 ****70.00

DOCUMENT # N93000005148

1. Entity Name

TIMBERRIDGE WATER AND SEWER, INC.

Principal Place of Business

**131 SW 15TH STREET
 Ocala FL 34474**

Mailing Address

**121 NW 3RD ST.
 Ocala FL 34475
 US**

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

59-3250919

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

**SIMONS, GARY C
 121 NW THIRD STREET
 Ocala FL 34475**

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 **D** ☐ Delete
 NAME **EHLERS, HENRY A.**
 STREET ADDRESS **2403 SE 17TH STREET**
 CITY-ST-ZIP **OCALA FL**

TITLE **VP / D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **MICHAEL P. HILL**
 STREET ADDRESS **2020 SE 17 STREET**
 CITY-ST-ZIP **OCALA FL**

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

TITLE **DP** ☐ Delete
 NAME **HAND, CHARLES W.**
 STREET ADDRESS **131 SW 15TH STREET**
 CITY-ST-ZIP **OCALA FL**

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

TITLE **TD** ☐ Delete
 NAME **RICHARD D. MUTARELLI**
 STREET ADDRESS **131 SW 15 STREET**
 CITY-ST-ZIP **OCALA FL**

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

TITLE **D** ☐ Delete
 NAME **WINSTON A. PORTER**
 STREET ADDRESS **4330 GEORGETOWN SQUARE II**
 CITY-ST-ZIP **ATLANTA GA**

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

TITLE **D** ☒ Delete
 NAME **GANN, JEFF**
 STREET ADDRESS **13980 SE 146TH COURT**
 CITY-ST-ZIP **EAST LAKE WEIR FL 32133**

TITLE **D** ☐ Change ☒ Addition
 NAME **Malcolm R. Duggan, Jr.**
 STREET ADDRESS **334 NW 3rd Avenue**
 CITY-ST-ZIP **Ocala, FL 34475**

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:

Richard D. Mutarelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

(352) 351-7327
 Daytime Phone #

CR2E037 (10/00)