

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90092 011 ****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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	EHLERS, HENRY A.	
STREET ADDRESS	2403 SE 17TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHAEL P. HILL	
STREET ADDRESS	2020 SE 17 STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HAND, CHARLES W.	
STREET ADDRESS	131 SW 15TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RICHARD D. MUTARELLI	
STREET ADDRESS	131 SW 15 STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSTON A. PORTER	
STREET ADDRESS	4330 GEORGETOWN SQUARE II	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUGGAN, MALCOM A JR	
STREET ADDRESS	334 NW 3RD AVE	
CITY-ST-ZIP	OCALA FL 34475	

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		
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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 another filing empowered.

SIGNATURE:

Richard D. Mutarelli VP/CFO

2/6/02

352/351-7327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)