

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005130

1. Entity Name

CHASSAHOWITZKA WATER & SEWER, INCORPORATED

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90004 001 ****61.25

Principal Place of Business

Mailing Address

8141 W. PIN OAK CT
HOMOSASSA/CHASSAHOWITZKA
CHASSAHOWITZKA FL 34448
US

GARY BIBEAU
8141 W. PIN OAK CT
HOMOSASSA FL 34448-5527
US

2. Principal Place of Business

3. Mailing Address

SAME as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3550768

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRADLEY, DARLENE
10086 S RIVIERA PT
CHASSAHOWITZKA FL

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 PD ☐ Delete
NAME BIBEAU, GARY
STREET ADDRESS 8141 W PIN OAK CT
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE VSD ☐ Delete
NAME CASE, LESLIE
STREET ADDRESS C/O 8440 WEST HERON CT
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE TSD ☐ Delete
NAME BRADLEY, DARLENE
STREET ADDRESS 10086 S RIVIERA PT
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE D ☒ Delete
NAME TAROCHIONE, JULIE
STREET ADDRESS 8198 W BOUNTY CT
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE D ☐ Delete
NAME PELT, GENE
STREET ADDRESS 8440 WEST HERON CT
CITY-ST-ZIP HOMOSASSA FL 34448

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

TITLE D ☐ Delete
NAME CORONA, HOPE
STREET ADDRESS 10024 S RIVIERA PT
CITY-ST-ZIP HOMOSASSA FL 34448

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:

Darlene Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-2000 352-382-0813

CR2E037 (9/99)