## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 14, 2000 8:00 am **DOCUMENT # V70987** 1. Entity Name Secretary of State WEKIVA UTILITY OF CTRL FL INC. 03-14-2000 90032 021 \*\*\*150.00 Mailing Address Principal Place of Business 116 LEDBURY DR 116 LEDBURY DR LONGWOOD FL 32779-4609 LONGWOOD FL 32779 0.000000002. Principal Place of Business 3. Mailing Address SUITE 103 107 Line Dr. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3146307 HOOPKA, EL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired ()5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAIN, KENNETH L. Street Address (P.O. Box Number is Not Acceptable) 116 LEDBURY DR LONGWOOD FL 32779 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS -11. **PVST** Addition , 🔲 Delete TITLE TITLE CAIN, LEE K NAME NAME STREET ADDRESS 116 LEDBURY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

15-99

407-786-1668

Daytime Phone #