

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F66138

1. Entity Name

OCALA OAKS UTILITIES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

200 Corporate Center Drive

Suite, Apt. #, etc.  
Suite 300

City & State  
Coraopolis, PA

Zip  
15108

Country  
USA

3. Mailing Address

6960 Professional Pkwy E

Suite, Apt. #, etc.  
Suite 400

City & State  
Sarasota, FL

Zip  
34240

Country  
USA

4. FEI Number

59-2158762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 South Pine Island Road  
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FILED  
2000 MAY 22 PM 2:32  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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)

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Michael Lee Ellzey	
STREET ADDRESS	7545 NE 58 TH Avenue	
CITY - ST - ZIP	Ocala, FL 00000	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	Doris J. Ellzey	
STREET ADDRESS	4216 SE Fifth Street	
CITY - ST - ZIP	Ocala, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald J. Clayton	
STREET ADDRESS	200 Corporate Center Drive, Suite 300	
CITY - ST - ZIP	Coraopolis, PA 15108	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James A. Lahtinen	
STREET ADDRESS	200 Corporate Center Drive, Suite 300	
CITY - ST - ZIP	Coraopolis, PA 15108	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin J. Stanek	
STREET ADDRESS	200 Corporate Center Drive, Suite 300	
CITY - ST - ZIP	Coraopolis, PA 15108	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Marsh	
STREET ADDRESS	200 Corporate Center Drive, Suite 300	
CITY - ST - ZIP	Coraopolis, PA 15108	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renee J. Cypher	
STREET ADDRESS	200 Corporate Center Drive, Suite 300	
CITY - ST - ZIP	Coraopolis, PA 15108	
TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carey Thomas	
STREET ADDRESS	11100 Brittmoore Park Drive	
CITY - ST - ZIP	Houston, TX 77041	

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:

*James A. Lahtinen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Lahtinen

05-16-00 412-393-3620

Date

Daytime Phone #