

CK#: 1128  
Amnt: \$760.00  
Date: 10/02/23  
KH

Deposit Number  
000679

Deposit Date  
OCT 06 2023

DOCKET NO. 20230111-SU  
FILED 9/27/2023  
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FPSC - COMMISSION CLERK

**APPLICATION FOR TRANSFER OF CERTIFICATES OR FACILITIES  
FROM A REGULATED UTILITY TO ANOTHER REGULATED UTILITY**

(Pursuant to Section 367.071, Florida Statutes, and  
Rule 25-30.037(2), Florida Administrative Code)

Dkt. # 20230111

Pursuant to Rule 25-30.037 (1)(a), Fla. Admin. Code, if a transfer occurs prior to Commission approval, the utility shall submit an application for authority to transfer no later than 90 days after the sale closing date.

To: **Office of the Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850**

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The undersigned hereby makes application for the transfer of facilities and transfer of Wastewater Certificate No. 537-S in Okeechobee County, Florida, and submits the following information:

**Part I Applicant Information**

A. The utility/seller's certificated name, address, telephone number and, if applicable, tax number, email address, and website address. The utility's name should reflect the business and/or fictitious name registered with the Department of State's Division of Corporations:

**The Vantage Development Corporations  
1595 SE 32<sup>nd</sup> Avenue  
Okeechobee, Florida 34974  
863-634-7261  
Federal Employer ID: 59-1758161  
Email: [jrhaz@frontier.com](mailto:jrhaz@frontier.com)  
Website address: N/A  
Wastewater Certificate No.: 537-S**

B. The contact information of the seller's authorized representative to contact concerning this application:

**Ouillie Joe Hazellief, Jr.  
Post Office Box 245  
Okeechobee, Florida 34973  
863-634-7261  
Email: [jrhaz@frontier.com](mailto:jrhaz@frontier.com)**

C. The buyer's name, address, telephone number, Federal Employer Identification Number, and, if applicable, tax number, email address, and website address and new name of the utility if the buyer plans to operate under a different name. The buyer's business name, and if applicable, new

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