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SEP 05 1997

September 3, 1997

Florida Public Service Commission  
Division of Water and Wastewater

J. Travis Coker  
Regulatory Analyst  
Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

IN RE: Docket No. 970758-WU  
Transfer application of Meadow wood water utility and  
Certificate No. 545-W

Dear Mr. Coker:

With reference to your letter of July 31, 1997, and pursuant to  
Section 367.071(3), Florida Statutes, enclosed is \$750.00 fee for  
transfer application. I feel with certainty because of the  
circumstances of acquisition, the fee will be waived and returned  
to me and I thank you in advance for that.

Enclosed is a copy of the application for registration of fictitious  
name and also a copy of the actual registration which I received  
yesterday. Also enclosed is the original newspaper notice.

I do hope you will find everything in order and to your satisfaction  
so that the transfer may be completed.

Sincerely,

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_ *Wanda McKeever*  
 APP \_\_\_\_\_ *Wanda McKeever*  
 CAF \_\_\_\_\_ *Meadow Wood*  
 CMU \_\_\_\_\_ *1820 N. Cherry Terrace*  
 CTR \_\_\_\_\_ *Crystal River, FL 34429*  
 EAG \_\_\_\_\_  
 LE \_\_\_\_\_  
 LL \_\_\_\_\_  
 OT \_\_\_\_\_  
 RC \_\_\_\_\_  
 SE \_\_\_\_\_  
 WFL \_\_\_\_\_  
 OTH \_\_\_\_\_

Received with bill and  
 forwarded to Fiscal for deposit  
 please forward a copy of check  
 to the cash person if possible  
 initials of person who forwarded check  
*A.J.*

DOCUMENT #  
*08996-11*  
*09/08/97*

DEPOSIT                      DATE  
D 6 0 9                      SEP 0 8 1997

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Sincerely,

<b>OFFICIAL CHECK</b>	
<b>AMSOUTH</b>	093249041
WANDA MCKEEVER	09/03/1997
Purchaser	\$750.00
SEVEN HUNDRED FIFTY DOLLARS AND 00 CENTS	
Pay to the order of: PUBLIC SERVICE COMMISSION	
AmSouth Bank  Authorized Signature	
<small>Issued By Integrated Payment Systems Inc., Englewood, Colorado To Citibank (New York State) Buffalo, N.Y.</small>	

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME



1. Meadow Wood  
Fictitious Name to be Registered  
1820 N. Cherry Terrace

2. Crystal River, FL 34429  
Mailing Address of Business  
City State Zip Code

3. Florida County of principal place of business: Citrus

4. FEI Number: N/A

This space for office use only

### A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

<p>1. <u>McKeever Wanda</u> Last First M.I. <u>1820 N. Cherry Terrace</u> Address <u>Crystal River, FL 34429</u> City State Zip Code SS# _____</p>	<p>2. _____ Last First M.I. _____ Address _____ City State Zip Code SS# _____</p>
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### B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

<p>1. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable</p>	<p>2. _____ Entity Name _____ Address _____ City State Zip Code Florida Registration Number _____ FEI Number: _____ <input type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable</p>
--	--

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Wanda McKeever 8-19-97  
Signature of Owner Date

\_\_\_\_\_  
Signature of Owner Date

Phone Number: 352-795-6608

Phone Number: \_\_\_\_\_

### FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

Mark the applicable boxes

Certificate of Status — \$10  Certified Copy — \$30

**FILING FEE: \$50**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (5/96)



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 22, 1997

MEADOW WOOD  
1820 N. CHERRY TERRACE  
CRYSTAL RIVER, FL 34429

rec.  
9-2-97

Subject: **MEADOW WOOD**

REGISTRATION NUMBER: **G97233000109**

This will acknowledge the filing of the above fictitious name registration which was registered on August 21, 1997. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section  
Division of Corporations

Letter No. 897A00042627