BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application for authority to transfer Water and Wastewater Certificate Nos. 577-W and 498-S in Manatee County from Heather Hill Estates Utilities, LLC to Heather Hills Utilities, LLC

Docket No. 2017051-WU

REDACTED MICHAEL SMALLRIDGE'S REQUEST FOR CONFIDENTIAL CLASSIFICATION

Michael Smallridge ("Smallridge"), by and through his undersigned counsel, files this Request for Confidential Classification in relation to his Personal Financial Statement filed in response to #4 of Staff's Deficiency Letter dated September 22, 2017 (Document No. 07859-2017).

- 1. Pursuant to 367.156, Florida Statutes, this Commission has the authority to classify certain material as proprietary confidential business information. This classification exempts the material from public disclosure under Section 119.07(1), Florida Statutes.
- 2. Smallridge requests that the information in his Personal Financial Statement be classified as proprietary confidential business information under Section 367.156, Florida Statutes, and Rule 25-22.006, Florida Administrative Code (the "Confidential Information"). If this request is granted, then the subject portions of said document filed in response to #6 of the Deficiency Letter will be exempt from Section 119.07(1), Florida Statutes. Attached hereto as Exhibit "A" is a Justification Matrix providing a justification for this request. The information is attached hereto both in highlighted and redacted format.
- 3. The information produced in response to #4 of the Deficiency Letter and is intended to be and are treated by Smallridge as private and confidential and has not been disclosed externally and has been strictly controlled internally.
- 4. The information consists of the Personal Financial Statement of the owner of Heather Hills Utilities, LLC ("Utility"). This information should be classified as proprietary confidential business information because it is the personal financial information of the owner unrelated to his

compensation from the Utility, and disclosure would impair the owner's competitive interests as he moves to acquire other systems in the future. This Commission frequently treats personal financial statements as confidential. For example, see Docket Nos. 20150166-WS and 20160169-WU.

 Requiring the disclosure of the owner's person financial information would violate the owner's right to privacy under Article I, Section 23 of the Florida Constitution.

WHEREFORE, Michael Smallridge requests confidential treatment of his Persoanl Financial Statement filed in support of this Application.

Respectfully submitted this 6st day of October, 2017, by:

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MARTIN S. FRIEDMAN Florida Bar No.: 0199060

For the Firm

JUSTIFICATION MATRIX

Location	Justification
(Document name and location of information)	
Personal Financial Statement First Page — Pursuant to Rule 2.425, Rules of Judicial Administration only the last four digits of a personal telephone number can be shown. Section 3 — The specific identification of "other assets" and all dollar amounts. Section 4 — The specific identification of "other expenses" and all dollar amounts. Section 5 — Dollar amounts Schedules A through F — All information Personal Information, and pursuant to Rule 2.425, Rules of Judicial Administration only the year of birth can be shown	§367.156(3)(e) Disclosure of the compensation data would impair the owner's competitive interests he may acquire other utilities in the future. The financial information relates to the owner in his ownership capacity, and is not information of the Utility. Article I, Section 23 of the Florida Constitution. Disclosure of the information would invade the privacy rights of the owner.

Personal Financial Statement

Section 1 – Individual/Applicant Information (please print)	Section 2 – Other Party/Co- Applicant Information
Name Michael Andrew Smallridge	Name
Residence Address 9539 E. Southgate Dr	Residence Address
City State Zip Code Inverness	City State Zip Code
Position or Occupation Utility Owner-Self employed.	Position or Occupation
Business Name Florida Utility Services 1, LLC	Business Name
Business Address 3336 Grand Blvd Suite 102	Business Address
City State Zip Code Holiday FL 34690	City State Zip Code
Years with Business	Years with Business
Res. Phone (863-904-5574)	Res. Phone () ()

CONFIDENTIAL

Statement of Financial Condition a as of April 1, 2017

Assets	Dollars	Jt*	Liabilities	Dollars	Jt*
Cash and Short-term Investments (Sch A)		e .	Outstanding Credit Card Balances		
Stocks and Bonds (readily marketable) (Sch B)	No.		Taxes Payable		
Unlisted Securities (Sch C)	E-CONT	,	Policy Loan (life insurance) (Sch D)	THE STATE OF	
Notes Receivable & Accounts Receivable	No. of the last	-	Mortgages & Obligations Due (Schs F & G)		
Cash Surrender Value-Life Insurance (Sch D)		-	Notes & Accounts Payable (Sch H)		
General/Ltd Partnership Interests (Sch E)	THE PARTY OF	-	Other Liabilities (list):	THE NAME OF STREET	
Retirement Accounts			COUNTY CONTRACTOR OF THE PARTY		
Personal Property		-			
Automobiles		-			
Real Estate – Personal Residences (Sch F)		-			
Real Estate – Investments (Sch G)					
Real Estate Investments					
(Direct & Partnership Interests)		-			
Other Assets (list):		-			
	West State				
	1000	-		IVATE SET	
	100	-		TO A STATE OF THE	
TOTAL ASSETS	THE THE PARTY		TOTAL LIABILITIES	CU TO STATE	
			NET WORTH (total assets minus total liabilities)		

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Annual Income	Applicant	Co-	Annual Expenses	Applicant	Co-
Salary		-	Home Mortgage (Principal & Interest)		-
Bonus and Commissions		-	Loan Payments (including other R/E)		-
Interest and Dividends			Income Tax (State & Federal)		
Alimony, Separate Maintenance, Child Support**			Planned or Required Investments/ Partnership Contributions		
Capital Gains		-	General Living Expenses		
Real Estate Income			Other Expenses (list):		-
Other Income (list):			AND AND ARROW		
			Abutice 1994		
**					<u> </u>
GROSS INCOME		-	TOTAL EXPENSES		

	Applicant	Co-Applicant
As endorser or guarantor on notes/leases/contracts: 0		-
On letters of credit:		-
Current or pending suits or other litigation:		-
Other (Partnership, etc.) explain: 0		-
TOTAL		-

Name of Institution	Savings Accts. (S amount)	Checking Accts. (S amount)	Type S-TI	Other Short-term investments (type and S	Total	Pledged?	Owner(s) Code*	
MARKE THE	THE STATE OF			Tripo and 5			Code	
	THE REAL PROPERTY.		The same	100				1
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tal	FILE		THE SERVICE					_
edule B: Listed Stocks & Bond	s (include U.S. Governm	ent and Marketable	Securities traded on	stock exchange)				1
Number of Shares or Face Value (Bonds)	Description	Market Value		Margin? (Y/N)	Restricted? (Y/N)	Pledged?	Owner(s)	
								}
								1
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edule C: Unlisted Securities (cl	losely held corporation N	OT listed on stock	exchange)		% of Company	Pledged?	Owner(s)	
N				319755547.3.8				
Number of Shares	Description	Source of Value		Value	Owned	(Y/N)	Code*	
Number of Shares	Description	Source of Value		Value		100		
Number of Shares	Description	Source of Value		Value		100		
				Value		100		
Number of Shares nedule D: Life Insurance Carrie			Y/ 12-10-10-10-10-10-10-10-10-10-10-10-10-10-	Value Face Value		100	Code* Assigned?	
nedule D: Life Insurance Carrie	ed (include individual and	d group insurance)			Owned	(Y/N) Cash	Code*	
edule D: Life Insurance Carrie	ed (include individual and	d group insurance)			Owned	(Y/N) Cash	Code* Assigned?	
nedule D: Life Insurance Carrie	ed (include individual and Owner of Policy	d group insurance) Beneficiary	from Partnership tax 1	Face Value	Owned	(Y/N) Cash	Code* Assigned?	
nedule D: Life Insurance Carrie fame of Insurance Company	ed (include individual and Owner of Policy	d group insurance) Beneficiary	from Partnership tax i	Face Value return) Fair Market	Owned	(Y/N) Cash	Code* Assigned?	
nedule D: Life Insurance Carrie	ed (include individual and Owner of Policy	d group insurance) Beneficiary (please attach K-1		Face Value	Owned Policy Loans	(X/N) Cash Surrender	Code* Assigned? (Y/N)	
nedule D: Life Insurance Carrie dame of Insurance Company dedule E: General and/or Limit	ed (include individual and Owner of Policy ed Partnership Interests	d group insurance) Beneficiary (please attach K-1 (L)imited		Face Value return) Fair Market Value	Owned Policy Loans Annual	Cash Surrender	Assigned? (Y/N) Owner(s)	
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edule D: Life Insurance Carrie ame of Insurance Company edule E: General and/or Limit Name of Partnership	ed (include individual and Owner of Policy ed Partnership Interests	d group insurance) Beneficiary (please attach K-1 (L)imited (G)eneral		Face Value return) Fair Market Value of Interest	Policy Loans Annual Contribution Required	Cash Surrender Pledged? (Y/N)	Code* Assigned? (Y/N) Owner(s) Code*	
nedule D: Life Insurance Carrie Name of Insurance Company nedule E: General and/or Limite Name of Partnership	ed (include individual and Owner of Policy ed Partnership Interests Type of Investment	d group insurance) Beneficiary (please attach K-1 (L)imited (G)eneral	Amount Invested	Face Value return) Fair Market Value of Interest	Owned Policy Loans Annual Contribution Required	Cash Surrender Pledged? (Y/N)	Code* Assigned? (Y/N) Owner(s) Code*	
nedule D: Life Insurance Carrie iame of Insurance Company redule E: General and/or Limite Name of Partnership wher(s) Code:	ed (include individual and Owner of Policy ed Partnership Interests Type of Investment A=Applicant residences)	d group insurance) Beneficiary (please attach K-1 (L)imited (G)eneral	Amount Invested	return) Fair Market Value of Interest	Owned Policy Loans Annual Contribution Required	Cash Surrender Pledged? (Y/N)	Code* Assigned? (Y/N) Owner(s) Code*	
edule D: Life Insurance Carrie iame of Insurance Company edule E: General and/or Limite Name of Partnership	ed (include individual and Owner of Policy ed Partnership Interests Type of Investment	d group insurance) Beneficiary (please attach K-1 (L)imited (G)eneral AC=Joint Account C=Co-Applicant	Amount Invested	Face Value return) Fair Market Value of Interest JC=Joint Account o JA=Joint Account o	Owned Policy Loans Annual Contribution Required f Co-Applicant and an	Cash Surrender Pledged? (Y/N)	Code* Assigned? (Y/N) Owner(s) Code*	Market V
edule D: Life Insurance Carrie ame of Insurance Company edule E: General and/or Limite Name of Partnership wher(s) Code:	ed (include individual and Owner of Policy ed Partnership Interests Type of Investment A=Applicant residences)	d group insurance) Beneficiary (please attach K-1: (L)imited (G)eneral AC=Joint Account C=Co-Applicant	Amount Invested	Face Value return) Fair Market Value of Interest JC=Joint Account o JA=Joint Account o	Owned Policy Loans Annual Contribution Required f Co-Applicant and an	Cash Surrender Pledged? (Y/N) I another party other party	Code* Assigned? (Y/N) Owner(s) Code*	Market V

Description/Address of Property	Mortgage Holder	Maturity Date	% Owned	Title in Name of	Purchase Date	Cost	Present Loan Balance	Market Value	Total Annual Rental Income	Monthly Loan Paymt.	Othe
Will Salut											

Name of Creditor	Orig. Amt. Of Loan	Payment/	/ Maturity	Interest	Description of Collateral	Balance Owing	Debtor(s)	
		Repayment	Date	Rate	(if any)		Code*	
	MEN EN EN	N TEN						

Debtor(s) Code:

A=Applicant

JC=Joint Account of Co-Applicant and another party

AC=Joint Account of Applicant and Co-Applicant

JA=Joint Account of Applicant and another party.

C=Co-Applicant

Were your gross revenues \$

Yes X N

