BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application for approval of transfer of Lake Yale Treatments Associates, Inc. water and wastewater systems and Certificates Nos. 560-W and 488-S in Lake County to Lake

Docket No. 20170220-WS

Yale Utilities, LLC



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 support of the financial ability of Lake Yale Utilities, LLC.

- 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. Mr. 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 Mr. Smallridge's Personal Financial Statement will be exempt from Section 119.07(1), Florida Statutes. Attached hereto as Exhibit "A" is a Justification Matrix providing a justification for the Utility's request. The information is attached hereto both in highlighted and redacted format.
- 3. The personal financial information of Mr. Smallridge filed in support of this Application is intended to be and is treated by Smallridge as private and confidential and has not been disclosed externally and has been strictly controlled internally.

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Yale 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

The information consists of the Personal Financial Statement of the owner of Lake

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.

5. 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 the referenced

documents and the entry of the protective order that is consistent with this Motion.

Respectfully submitted this 2nd day of May,

2018, by:

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Lake Mary, FL 32746 Phone: (407) 830-6331

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/s/ Martin S. Friedman

MARTIN S. FRIEDMAN

Florida Bar No.: 0199060

For the Firm

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JUSTIFICATION MATRIX

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

Personal Financial Statement

Section 1 – Individual/Applicant Information (please print)	Section 2 – Other Party/Co- Applicant Information
Name	Name
Michael Andrew Smallridge	
Residence Address	Residence Address
1159 E. Lindenwood Drive	
City State Zip Code	City State Zip Code
Tarpon Springs ,FL. 34688	
Position or Occupation	Position or Occupation
Utility Owner-Self employed.	
Business Name	Business Name
Florida Utility Services 1, LLC	
Business Address	
3336 Grand Blvd Suite 102	Business Address
City	City
State Zip Code	State Zip Code
Holiday FL 34690	d.
Years with Business	Years with Business
Res. Phone Bus. Phone	Res. Phone Bus. Phone
Dus. I none	Too. Thomas Buo. Thomas
(863-904-55)	74) () ()

CONFIDENTIAL

Statement of Financial Condition a as of April 1, 2018

Assets	Dollars	Jt*	Liabilities	Dollars	Jt*
Cash and Short-term Investments (Sch A)			Outstanding Credit Card Balances		
Stocks and Bonds (readily marketable) (Sch B)			Taxes Payable		-
Unlisted Securities (Sch C)		-	Policy Loan (life insurance) (Sch D)		-
Notes Receivable & Accounts Receivable		-	Mortgages & Obligations Due (Schs F & G)		
Cash Surrender Value-Life Insurance (Sch D)		-	Notes & Accounts Payable (Sch H)		
General/Ltd Partnership Interests (Sch E)		-	Other Liabilities (list):		
Retirement Accounts			2014 Forester Camper		
Personal Property		- 2			
Automobiles					
Real Estate – Personal Residences (Sch F)					4.1
Real Estate – Investments (Sch G)		-			
Real Estate Investments					
(Direct & Partnership Interests)		S			
Other Assets (list):					
ST STRUCTURE AT		-			
建筑。		-			The United
		-			
TOTAL ASSETS		-	TOTAL LIABILITIES		1
			NET WORTH (total assets minus total liabilities)		

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):			HI-52 (1923)	REPAIR	
					<u> </u>
GROSS INCOME		-	TOTAL EXPENSES	De la Contraction de la Contra	

	Applicant	Co-Applicant
As endorser or guarantor on notes/leases/contracts: 0		5
On letters of credit:		-
Current or pending suits or other litigation:		-
Other (Partnership, etc.) explain: 0		-
TOTAL		-

Name of Institution	Savings Acets.	Checking Acets.	Туре	Other Short-term investments	Total	Pledged?	Owner(s)	
	(S amount)	(S amount)	S-T1	(type and S		(Y/N)	Code*	
edule B: Listed Stocks & Bond	s (include U.S. Governme	ent and Marketable	Securities traded on	tock exchange)				
Number of Shares or Face Value (Bonds)	Description	Market Value		Margin? (Y/N)	Restricted? (Y/N)	Pledged? (Y/N)	Owner(s) Code*	
	765年時間							
hedule C: Unlisted Securities (c	losely held corporation N	OT listed on stock of	exchange)		9/ of Company	Pledged?	Owner(s)	
Number of Shares	Description	Source of Value		Value	% of Company Owned	(Y/N)	Code*	
								ı
			COMPLETE.				2/2/20	1
thedule D: Life Insurance Carri	ed (include individual an	d group insurance) Beneficiary		Face Value	Policy Loans	Cash Surrender	Assigned?	
				Face Value	Policy Loans	525	Assigned? (Y/N)	
				Face Value	Policy Loans	Surrender		
Name of Insurance Company	Owner of Policy	Beneficiary	from Partnership tax	return)	Policy Loans	Surrender		
Name of Insurance Company thedule E: General and/or Limi	Owner of Policy ted Partnership Interests	Beneficiary (please attach K-1 (L)imited	from Partnership tax Amount Invested	return) Fair Market Value	Annual	Surrender Volue Pledged?	(Y/N) Owner(s)	
Name of Insurance Company	Owner of Policy	Beneficiary (please attach K-1		return) Fair Market		Surrender Volus	(Y/N)	
Name of Insurance Company thedule E: General and/or Limi	Owner of Policy ted Partnership Interests	Beneficiary (please attach K-1 (L)imited		return) Fair Market Value	Annual Contribution	Surrender Volue Pledged?	(Y/N) Owner(s)	
Name of Insurance Company chedule E: General and/or Limi Name of Partnership	Owner of Policy ted Partnership Interests Type of Investment	Beneficiary (please attach K-1 (L)imited (G)eneral	Amount Invested	return) Fair Market Value of Interest	Annual Contribution Required	Pledged? (Y/N)	(Y/N) Owner(s)	
Name of Insurance Company chedule E: General and/or Limi Name of Partnership Owner(s) Code:	Owner of Policy ted Partnership Interests Type of Investment A=Applicant	Beneficiary (please attach K-1 (L)imited (G)eneral		return) Fair Market Value of Interest	Annual Contribution Required	Pledged? (Y/N)	(Y/N) Owner(s)	
Name of Insurance Company chedule E: General and/or Limi Name of Partnership Owner(s) Code: chedule F: Real Estate (persona	Owner of Policy ted Partnership Interests Type of Investment A=Applicant	Beneficiary (please attach K-1 (L)imited (G)eneral	Amount Invested	return) Fair Market Value of Interest	Annual Contribution Required of Co-Applicant an	Pledged? (Y/N)	(Y/N) Owner(s)	Market V
Name of Insurance Company chedule E: General and/or Limi	Owner of Policy ted Partnership Interests Type of Investment A=Applicant	(please attach K-1 (L)imited (G)eneral AC=Joint Account	Amount Invested t of Applicant and Co	return) Fair Market Value of Interest - JC=Joint Account JA=Joint Account	Annual Contribution Required of Co-Applicant and an	Pledged? (Y/N) d another party	Owner(s) Code*	Market Va
Name of Insurance Company chedule E: General and/or Limi Name of Partnership Owner(s) Code: chedule F: Real Estate (persona	Owner of Policy ted Partnership Interests Type of Investment A=Applicant	Beneficiary (please attach K-1 (L)imited (G)eneral AC=Joint Account C=Co-Applicant	Amount Invested t of Applicant and Co	return) Fair Market Value of Interest - JC=Joint Account JA=Joint Account	Annual Contribution Required of Co-Applicant and an	Pledged? (Y/N) d another party nother party Present Loan	Owner(s) Code* Monthly	Market V

Schedule G: Real Estate Invo 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.	Other Expense

Name of Creditor	Orig. Amt. Of Loan	Payment/	Maturity	Interest	Description of Collateral	Balance Owing	Debtor(s)
		Repayment	Date	Rate	(if any)		Code*
	The same of the sa		OF UNDER	A VIII	Transfer of		
							March St.
							Part att
							A CONTRACTOR OF THE PARTY OF TH

* 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 No

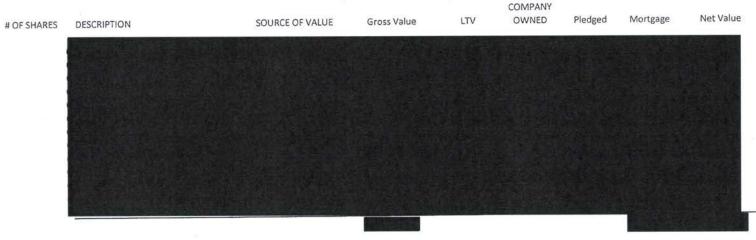
Personal Information					The Institute of Action
			Dependents	AGE-7	60
are you a partner or officer	in any venture other than described on schedules?				
Yes No If yes,	describe:				4
Are any assets pledged other	er than as described on schedules?				
Yes No If yes,	describe:				
Have you ever been declare	ed bankrupt?				
Yes No If yes,	describe:				
Are there any outstanding judgments against you?	Do you have disability insurance?	Income tax settled through	Alimony, Child		
Yes No	Yes No	and a			

Social

Security #

11969

Date of Birth



% OF

Total LTV