



May 12, 2015

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COMMISSION  
CLERK

Carlotta S. Stauffer, Director  
Division of Commission Clerk and Administrative Services  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399

**REDACTED**

RE: Docket No. 150091-WS; Application for approval of transfer of Certificate Nos. 490-W and 425-S from East Marion Sanitary Systems, Inc. to East Marion Utilities, LLC in Marion County  
Our File No.: 47136.06

Dear Ms. Stauffer:

Enclosed is the Request for Confidential Classification filed on behalf of Michael Smallridge, along with the confidential documents in highlighted and redacted format. Please either destroy or return to Mr. Smallridge any Financial Statements previously provided to the Commission.

Please do not hesitate to contact me if you have any questions.

Very truly yours,

A handwritten signature in blue ink that reads "Martin S. Friedman".

MARTIN S. FRIEDMAN  
For the Firm

MSF/

cc: Mike Smallridge (via email)  
Kyesha Mapp, Esquire (via email)

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application for approval of transfer of  
Certificate Nos. 490-W and 425-S from East Marion  
Sanitary Systems, Inc. to East Marion Utilities, LLC  
in Marion County

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Docket No. 150091-WS

**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 being filed herewith in connection with this Docket.

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 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 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 Smallridge's request. The information is attached hereto both in highlighted and redacted format.

3. The Personal Financial Statement and 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.

4. The information consists of the Personal Financial Statement of the owner of East Marion 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.

5. Requiring the disclosure of the owner's person financial information would violate Smallridge'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 12th day of May, 2015, by:

Friedman & Friedman, P.A.  
766 North Sun Drive, Suite 4030  
Lake Mary, FL 32746  
Phone: (407) 830-6331  
Fax: (407) 878-2178  
[mfriedman@ff-attorneys.com](mailto:mfriedman@ff-attorneys.com)



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MARTIN S. FRIEDMAN  
Florida Bar No.: 0199060  
For the Firm

**CERTIFICATE OF SERVICE**  
**DOCKET NO. 150091-WS**

I HEREBY CERTIFY that a true and correct copy of the foregoing Request for Confidential Classification has been sent by U.S. Mail to the PSC Clerk and redacted copies furnished by E-Mail to the following parties this 12th day of May, 2015:

Kyesha Mapp, Esquire  
Office of General Counsel  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850  
[kmapp@psc.state.fl.us](mailto:kmapp@psc.state.fl.us)



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MARTIN S. FRIEDMAN  
For the Firm

JUSTIFICATION MATRIX

Location (Document name and location of information)	Justification
<p><b><u>Personal Financial Statement</u></b></p> <p>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 E and G and H – All information                      Schedule F – The loan balance, monthly payment and market value. The other information is a matter of public record.                      Personal Information                      Social Security Number</p>	<p>The requested financial information of the owner is not related to any ratemaking function with regard to the Utility.</p> <p>§367.156(3)(e) Disclosure of the compensation data would impair the owner’s competitive interests he may acquire other utilities in the future.</p> <p>The financial information relates to the owner in his ownership capacity, and is not information of the Utility.</p> <p>Article I, Section 23 of the Florida Constitution. Disclosure of the information would invade the privacy rights of the owner.</p>

# CenterState Bank

## Personal Financial Statement

To: CenterState Bank of Florida (the Bank)

Please read the following directions before completing this Personal Financial Statement.

1. Complete all sections, except Section 2, if you are applying for individual credit in your own name and are relying solely on your own income or assets for repayment or if this personal financial statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s).
2. Also, complete Section 2 if any of the following apply:
  - If you are applying for joint credit with another person, provide information about the joint applicant.
  - If you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, provide information about the person on whose alimony, support or maintenance payments or income or assets you are relying.
  - If this is a joint guaranty of the indebtedness of other person(s), firm(s), corporation(s), provide information about the joint guarantor.

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	City	State	Zip Code
Inverness	FL	34450			
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	City	State	Zip Code
Holiday	FL	34690			
Years with Business 25			Years with Business		
Res. Phone ( 352-302-7406 )	Bus. Phone ( 863-904-5574 )		Res. Phone (            )	Bus. Phone (            )	

**CONFIDENTIAL**

Statement of Financial Condition as of March 1, 2015

**Section 3 – Balance Sheet (attach additional schedules as needed)**

<b>Assets</b>	<b>Dollars</b>	<b>Jt*</b>	<b>Liabilities</b>	<b>Dollars</b>	<b>Jt*</b>
Cash and Short-term Investments (Sch A)			Outstanding Credit Card Balances		0
Stocks and Bonds (readily marketable) (Sch B)			Taxes Payable		0
Unlisted Securities (Sch C)			Policy Loan (life insurance) (Sch D)		0
Notes Receivable & Accounts Receivable			Mortgages & Obligations Due (Schs F & G)		0
Cash Surrender Value-Life Insurance (Sch D)			Notes & Accounts Payable (Sch H)		0
General/Ltd Partnership Interests (Sch E)			Other Liabilities (list):		0
Retirement Accounts					
Personal Property					
Automobiles					
Real Estate – Personal Residences (Sch F)					
Real Estate – Investments (Sch G)					
Real Estate Investments (Direct & Partnership Interests)					
Other Assets (list):					
<b>TOTAL ASSETS</b>					<b>TOTAL LIABILITIES</b>
			<b>NET WORTH (total assets minus total liabilities)</b>		

**Section 4 – Income Statement**

<b>Annual Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>	<b>Annual Expenses</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Salary		0	Home Mortgage (Principal & Interest)		0
Bonus and Commissions		0	Loan Payments (including other R/F)		0
Interest and Dividends		0	Income Tax (State & Federal)		0
Alimony, Separate Maintenance, Child Support**		0	Planned or Required Investments/ Partnership Contributions		0
Capital Gains		0	General Living Expenses		0
Real Estate Income		0	Other Expenses (list):		0
Other Income (list):		0			
<b>GROSS INCOME</b>			<b>TOTAL EXPENSES</b>		

**Section 5 – Contingent Liabilities (include brief description)**

	<b>Applicant</b>	<b>Co-Applicant</b>
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		
<b>TOTAL</b>		

\* Please check if jointly owned with spouse or other party listed in Section 2.

\*\* Alimony, separate maintenance, and/or child support income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.





### Schedule G: Real Estate Investments

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 Payment	Other Expenses

### Schedule H: Notes & Accounts Payable (also include credit lines and other commitments even if unused)

Name of Creditor	Orig. Amt. Of Loan	Payment/ Repayment Terms	Maturity Date	Interest Rate	Description of Collateral (if any)	Balance Owning	Debtor(s) Code*

\* Debtor(s) Code: A=Applicant AC=Joint Account of Applicant and Co-Applicant JC=Joint Account of Co-Applicant and another party  
 C=Co-Applicant JA=Joint Account of Applicant and another party


**Were your gross revenues \$1,000,000 or less in the previous fiscal year?** [REDACTED]

If you answered "yes" and the Bank denies your application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: **Chief Compliance Officer, CenterState Bank of Florida, N.A., 300 W Central Avenue, Lake Wales, FL 33853** Within 60 days from the date you are notified of the Banks decision. The Bank will send you a written statement of reason(s) for the denial within 30 days of receiving your written request for the statement. The notice below describes additional protections extended to you. **NOTICE:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, natural origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract), because all or a part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Protection Act, the federal agency that administers compliance with this law concerning this creditor is: **Customer Assistance Group, Comptroller of the Currency, 1301 McKinney Street, Houston, TX 77010-9050.**

### Personal Information

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The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with the Bank on behalf of the undersigned or person, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in the Bank's favor. Each undersigned understands that the Bank is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that the Bank may consider this statement as continuing to be true and correct until a written notice of a change is given to the Bank by the undersigned. The Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine the credit worthiness of the undersigned. The Bank is authorized to answer questions about its credit experience with the undersigned.  **Notice - Joint Credit. We intend to apply for joint credit. (Initials)**

Date Signed	Signature (individual) 	Social Security # <span style="background-color: black; color: black;">[REDACTED]</span>	Date of Birth 04/30/1969
Date Signed	Signature (other party)	Social Security #	Date of Birth