

ALACHUA COUNTY COURTHOUSE - 201 E. UNIVERSITY AVE
P.O. BOX 600 - GAINESVILLE, FLORIDA 32602
PHONE: (352) 374-3618 FAX: (352) 338-3207

CHARLES DUNBAR
PLAINTIFF
VS
GAINESVILLE REGIONAL UTILITIES
DEFENDANT

Case Number: 01 2008 SC 001077
Division: WALTER M GREEN - DIV IV

ALACHUA COUNTY SHERIFF

TRACKING # L000031840

NOTICE TO APPEAR FOR PRE-TRIAL CONFERENCE / MEDIATION
STATE OF FLORIDA - NOTICE TO PLAINTIFF(S) AND DEFENDANT(S)

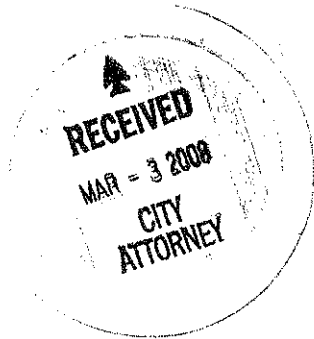
GAINESVILLE REGIONAL UTILITIES
C/O JENNIFER L. HUNT, CHIEF FINANCIAL OFFICER,
MR. WHITE AND OCTAVIA, GRU CUSTOMER SERVICE
301 SE 4 AVE
GAINESVILLE FL 32601

CHARLES DUNBAR
P.O. BOX 5341
GAINESVILLE FL 32627

YOU ARE HEREBY NOTIFIED that you are required to appear in person or by attorney at the Alachua County Family/Civil Justice Center, Courtroom 2-C, 201 East University Avenue, Gainesville, Florida, on: Friday, 03/28/2008, at 10:00 am for a Pre-trial Conference/Mediation and for hearing as to reasonable attorney fees in the event of default.

You must advise the Clerk, in writing, of any change in your mailing address.

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Persons with a disability who need any accommodation in order to participate should call Jan Phillips, ADA Coordinator, Alachua County Courthouse, 201 E. University Ave., Gainesville, FL 32601 at (352) 337-6237 within two (2) working days of your receipt of this notice; if you are hearing impaired call (800) 955-8771; if you are voice impaired, call (800) 955-8770.



A TRUE COPY
SADIE DARNELL, SHERIFF
ALACHUA COUNTY, FLORIDA
Served at 10:18 on the 27th Day
of Feb 2008
BY Pamela Cifer, 479
As Deputy Sheriff

**THE CASE WILL NOT BE TRIED AT THE PRETRIAL
CONFERENCE, BUT MAY BE MEDIATED AT THAT TIME
DO NOT BRING WITNESSES. YOU MUST APPEAR IN PERSON OR BY ATTORNEY.**

WHOEVER APPEARS FOR A PARTY MUST HAVE FULL AUTHORITY TO SETTLE FOR ALL AMOUNTS FROM ZERO TO THE AMOUNT OF THE CLAIM WITHOUT FURTHER CONSULTATION. FAILURE TO COMPLY MAY RESULT IN THE IMPOSITION OF SANCTIONS, INCLUDING COSTS, ATTORNEY FEES, ENTRY OF JUDGMENT, OR DISMISSAL.

The defendant(s) must appear in court on the date specified in order to avoid a default judgment. The plaintiff(s) must appear to avoid having the case dismissed for lack of prosecution. A written MOTION or ANSWER to the court by the plaintiff(s) or the defendant(s) shall not excuse the personal appearance of a party or its attorney at the PRE-TRIAL CONFERENCE/MEDIATION. The date and time of the pre-trial conference CANNOT be rescheduled without good cause and prior court approval.

A corporation may be represented at any stage of the trial court proceedings by an officer of the corporation or any employee authorized in writing by an officer of the corporation. Written authorization must be brought to the Pretrial Conference/Mediation.

The purpose of the pre-trial conference is to record your appearance, to determine if you admit all or part of the claim, to enable the court to determine the nature of the case, and to set the case for trial if the case cannot be resolved at the pretrial conference. You or your attorney should be prepared to confer with the court and to explain briefly the nature of your dispute; state what efforts have been made to settle the dispute; exhibit any documents necessary to prove the case; state the names and addresses of your witnesses; stipulate to the facts that will require no proof and will expedite the trial; and estimate how long it will take to try the case.

Mediation

Mediation may take place during the time scheduled for the pretrial conference. Mediation is a process whereby an impartial and neutral third person called a mediator acts to encourage and facilitate the resolution of a dispute between two or more parties, without prescribing what the resolution should be. It is an informal and nonadversarial process with the objective of helping the disputing parties reach a mutually acceptable and voluntary agreement.

In mediation, decision making rests with the parties. Negotiations in county court mediation are primarily conducted by the parties. Counsel for each party may participate. However, presence of counsel is not required. If a full agreement is not reached at mediation, the remaining issues of the case will be set for trial. Mediation communications are confidential and privileged except where disclosures are required or permitted by law.

If you admit the claim, but desire additional time to pay, you must come and state the circumstances. The court may or may not approve a payment plan and withhold judgment or execution or levy.

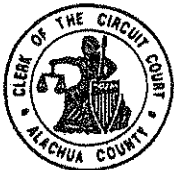
If you desire to file any counterclaim or set-off to plaintiff's claim it must be filed in this court by you or your attorney in writing at least 5 days prior to the above date. Filing a counterclaim, set-off, motion or answer will not relieve you of your obligation to appear in court on the above date.

RIGHT TO VENUE. The law gives the person or company who has sued you the right to file suit in any one of several places as listed below. However, if you have been sued in any place other than one of these places, you, as the defendant(s) have the right to request that the case be moved to a proper location or venue. A proper location or venue may be one of the following: (1) where the contract was entered into; (2) if the suit is to recover property or on an unsecured promissory note, where the note is signed or where the maker resides; (3) if the suit is to Foreclose a lien, where the property is located; (4) where the event giving rise to the suit occurred; (5) where any one or more of the defendant(s) sued resides; (6) any location agreed to in a contract; and (7) in an action for money due, if there is no agreement as to where the suit may be filed, where payment is to be made.

If you as the defendant(s), believe the plaintiff(s) has/have not sued in one of these correct places, you must appear on your court date and orally request a transfer, or you must file a WRITTEN request for transfer in affidavit form (sworn to under oath) with the court 7 days prior to your first court date and send a copy to the plaintiff(s) or plaintiff's(s') attorney, if any.

A copy of the statement of claim shall be served with this summons.

Dated at Gainesville, Florida on this 25th day of February, 2008.



J.K. "BUDDY" IRBY
CLERK OF COURT

By: Mary Kay Cause
Deputy Clerk

IN THE COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT,
 IN AND FOR ALACHUA COUNTY, FLORIDA
 201 East University Avenue - Post Office Box 600
 Gainesville Florida 32602
 (352) 374-3636

CHARLES DUNBAR

Case No.: 01-08 SC - 1077

PLAINTIFF

Post Office Box 5341

Division: _____

Gainesville, FL 32627 Address

352-264-9933 City, State Zip Code

Phone

-vs- 9/0 Jennifer L. Hunt, Chief Financial Officer 9/0 Mr. White and Octavia
Gainesville Regional Utilities and Customer Service - GRU

DEFENDANT

DEFENDANT

301 Southeast 4th Avenue

301 Southeast 4th Avenue

Gainesville, FL 32601 Address

Gainesville, FL 32601 Address

352-334-3434 City, State Zip Code

352-334-3434 State Zip Code

Phone

FILED
 OK 57
 2008 FEB 20 AM 11:04
 J.K. BUDDY FRBY
 CLERK OF COURTS
 ALACHUA COUNTY FL.

STATEMENT CLAIM
 (General)

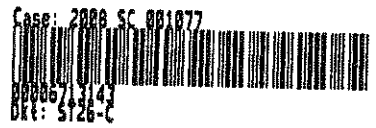
Plaintiff(s), CHARLES DUNBAR *Regional Utilities*
 sue(s) Defendant(s), Jennifer L. Hunt, Mr. White and Octavia - GRU and alleges:

I moved into my house located at 1140 Southeast 6th Street, Gainesville on April 23, 2007. My first bill was approximately \$106.00. I live alone and I am a 100% disabled Korean veteran with no family or anyone else living with me. On February 6, 2008, my GRU bill was \$336.00 (I paid \$340.00). I called GRU Customer Service to complain and was told by Mr. White and Octavia that the meter reader said nothing was wrong with my meter. I was also told that GRU would charge to investigate my complaint. I am requesting that the court look into this matter and settle this dispute.
 If a Defendant is to be served with process outside the State of Florida, see Exhibit "A", attached.

WHEREFORE, Plaintiff(s) demands judgment for damages against defendant(s) in the amount of \$ 336.00 principal, plus \$ yes interest, plus \$ yes service charge, plus \$ 80.00 + 20.00 court costs.

Charles Dunbar
 PLAINTIFF(S)
 CHARLES DUNBAR

*0.00
 20.00 ASO*





DEPARTMENT OF VETERANS AFFAIRS
Regional Office
P.O. Box 1437
St. Petersburg, FL 33731-1437

JAN 16 2008

MR. CHARLES DUNBAR
PO BOX 5341
GAINESVILLE, FL 32627

In Reply Refer To: 317/VSC/21PC/ATL
C 20061919

Dear Mr. Dunbar:

This is to certify that the records of the above-named honorably discharged veteran show that he is permanently and totally disabled, due to service connected disability or disabilities.

B. C. Gibbard

B. C. Gibbard
Veterans Service Center Manager

Email us at: <https://iris.va.gov>

A veteran seeking real estate tax exemption and/or License Fee Exemption should remember that statements obtained from the U. S. Department of Veterans Affairs in such matters are simply statements of fact taken from VA records. The determination as to eligibility for the benefit sought rests with the appropriate Municipal, County or State official, not VA.

VAFL 27-333
JUNE 1995 (R)



Money Order Inquiry

(Please Use Black Ink ONLY and Print Within the Boxes.)

Inquiry may be filed at any Post Office™ any time after the purchase of the money order. Use one form per money order serial number. A separate form and fee are required for each money order inquiry. To obtain a copy of a cashed money order or to receive a refund, complete ALL blocks in this section, provide a signature, and present the customer receipt to the Post Office for verification. A refund will be issued no sooner than 60 days from the money order issue date provided the money order has not been cashed.

Money Order Serial No. (as shown on original receipt)

11 482587257

Date (MM-DD-YYYY)

01 06 2008

Post Office No. (as shown on original receipt)

32601B

Money Order Amount

185.00

First Name

Charles

MI

Last Name

Dunbar

Business/Organization Name

Mailing Address

PO box 5341

Apt. or Suite No.

City

Gainesville

State

FL

ZIP+4®

32627

Country (If applicable)

Telephone No.

352264 9933

International Telephone No. (If applicable)

0 1 1

ABA No. - Bank Use Only

Reference No. - Bank or Post Office Use Only

Certification and Signature

I understand that anyone who furnishes false or misleading information on this form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). I agree to repay the Postal Service™, upon demand, the amount of the refund if the designated payee, purchaser, or financial institution cashes the original money order. The rights and remedies set forth in 18 USC 287, 18 USC 1001, and 31 USC 3802 shall be incorporated as if fully set forth.

Signature of Customer Filing the Money Order Inquiry

Charles Dunbar

For Postal Use Only

9 9 9 9 9 9 9 9 9

Date Signed (MM-DD-YYYY)

0 2 0 6 2 0 0 8

Privacy Act statement: Your information will be used to respond to your request. Collection is authorized by 39 USC 401, 403, & 404. Providing the information is voluntary, but if not provided, we may not process your transaction. We do not disclose your information without your consent to third parties, except to facilitate the transaction, to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to financial institution auditor; to entities, including law enforcement, as required by law or in legal proceedings; and to providers). For more information on our privacy policies see our privacy link on usps.com.



U.S. POSTAGE
PAID
GAINESVILLE, FL
32601
FEB 06, 08
AMOUNT

Mail to:

SCANNING AND IMAGING CENTER
UNITED STATES POSTAL SERVICE
PO BOX 9001
SIOUX FALLS SD 57117-9001

0000

\$5.00
00044308-05

Afte

calling our toll-free number 1-866-974-2733.

This Area Is for Official Use Only

By presence of this signature, I have verified the customer receipt presented by the purchaser.

Customer's Photo ID No.

D516140304650

ID Type: e.g. Drivers License or State Issued ID, Military ID, Alien Registration, Passport

FL Drivers License

Finance No. of Accepting Office

ZIP Code™

Telephone No.

32627
Date (MM-DD-YYYY)

3522716323
Amount

No-Fee Money Order Serial No. (If applicable)

Post Office ID

Signature of Postal Service Employee

Date Inquiry Filed (MM-DD-YYYY)

Debra Dell

0 2 0 6 2 0 0 8



CUSTOMER'S RECEIPT

KEEP THIS
RECEIPT FOR
YOUR RECORDS

PAY TO.

GRU

ADDRESS

1-6-08

C. O. D. OR
USED FOR

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

**NOT
NEGOTIABLE**

SERIAL NUMBER
11482587257

YEAR, MONTH, DAY
2008-01-07

POST OFFICE
32601B

AMOUNT
\$ 185.00

CLERK
0004



CUSTOMER'S RECEIPT

KEEP THIS
RECEIPT FOR
YOUR RECORDS

PAY TO.

GRU

ADDRESS

2-6-08

C. O. D. OR
USED FOR

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

**NOT
NEGOTIABLE**

SERIAL NUMBER
11480366452

YEAR, MONTH, DAY

POST OFFICE

AMOUNT

CLERK

340.00