2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 717841 May 16, 2000 8:00 am Secretary of State 1. Entity Name BONITA SPRINGS UTILITIES, INC. 05-16-2000 90799 011 ****70.00 Principal Place of Business Mailing Address P.O. BOX 2368 11860 E TERRY ST S E BONITA SPRINGS FL 34133-2368 BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 59-1350003 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired X Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARTIN, FRED 11860 E. TERRY STREET **BONITA SPINGS FL 33923** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VPD PD☐ Addition ☐ Delete TITLE MATHES, JOAN NAME NAME Mathes, John STREET ADDRESS STREET ADDRESS 26701PIERCE AVENUE CITY-ST-7IP CITY-ST-ZIP **BONITA SPRINGS FL 34135** XX Change Addition TITLE ☐ Delete TITLE ROBERT MCGRATH NAME STREET ADDRESS 5060 ESPLANADE ST SW STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34134 BONITA SPRINGS FL TITLE ☐ Delete TITLE ▼ Change ☐ Addition VPD HOCHSTETLER, HENRY NAME NAME 10591 Landau Lane 34135 STREET ADDRESS STREET ADDRESS 10591 LANDON LN CITY-ST-ZIP CITY-ST-ZIP BONITA SPGS FL ☐ Delete Change Addition NAME LUKIN, LARRY 3551 Lakemont Drive STREET ADDRESS STREET ADDRESS 25101 FAIRWAY DUNES CITY-ST-7IP CITY-ST-ZIP **BONITA SPRINGS FL 34135** Bonita Springs, FL 34134 ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete DDF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.