

FILED
Jul 17, 2001 8:00 am
Secretary of State

06-26-2001 90003 037 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 717841

1. Entity Name
Bonita Springs Utilities, Inc. LP

Principal Place of Business 11860 E Terry St S E Bonita Springs, FL 33923 US	Mailing Address P.O. Box 2368 Bonita Springs, FL 33959 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1350003 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Partin, Fred
11860 E. Terry Street
Bonita Springs, FL 33923

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) **DATE** _____

FILE NOW FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS Delete

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition

TITLE	President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mathes, John
STREET ADDRESS	7890 Old US 41 Bonita Springs, FL
CITY - ST - ZIP	
TITLE	Vice President - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Viles, Frank
STREET ADDRESS	27233 JC Lane Bonita Springs FL
CITY - ST - ZIP	
TITLE	Secretary - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haines, Harvey
STREET ADDRESS	27027 Imperial St Bonita Springs FL
CITY - ST - ZIP	
TITLE	Treasurer - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGrath, Robert
STREET ADDRESS	5060 Esplanade St Bonita Springs FL
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John B. Mathes 6/5/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Reverse Form #

CR20037 (1/00)