FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2001 8:00 am **DOCUMENT # 291141 Secretary of State** FLORIDA CITIES WATER COMPANY 02-13-2001 90578 047 ***158.75 Principal Place of Business Mailing Address 4837 SWIFT RD 4837 SWIFT RD SUITE 100 SUITE 100 SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1094814 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, GERALD S Street Address (P.O. Box Number is Not Acceptable) 4837 SWIFT RD SUITE 100 SARASOTA FL/34231 City 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE PDC ☐ Delete TITLE Addition ALLEN, GERALD S NAME NAME STREET ADDRESS STREET ADDRESS 4837 SWIFT RD #100 4837 SWIFT ROAD SUITE #100 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME ACOSTA, MICHAEL STREET ADDRESS STREET ADDRESS 4837 SWIFT RD #100 CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34231 TITLE ☐ Delete TITLE ☐ Change Addition NAME MURPHY, MICHAEL E NAME STREET ADDRESS STREET ADDRESS 4837 SWIFT RD. #100 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE M Delete TITLE ☐ Change Addition Addition GETMAN, DENNIS J. NAME SCHIFANO, JOSEPH NAME 201 ALHAMBRA CIR STREET ADDRESS STREET ADDRESS 4837 SWIFT RD SUITE #100 CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34231 ☐ Change TITLE Delete TITLE ☐ Addition CHUBBUCK, ANITA J. NAME STREET ADDRESS STREET ADDRESS 4837 SWIFT RD., #100 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCNAIRY, CHARLES NAME STREET ADDRESS STREET ADDRESS 201 ALHAMBRA CIR CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Gerald S. Allen, Jan 4, 2001 941-925-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DayLine Phone #