## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 405150** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name POINCIANA UTILITIES INC 04-03-2000 90125 020 \*\*\*158.75 Principal Place of Business Mailing Address 4837 SWIFT ROAD 4837 SWIFT ROAD SUITE 100 SUITE 100 SARASOTA FL 34231 SARASOTA FL 34231-5157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1465024 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, GERALD S Street Address (P.O. Box Number is Not Acceptable) 4837 SWIFT ROAD SUITE 100 SARASOTA FL 34231 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10, Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDC TITLE Change ☐ Addition TITLE ☐ Delete ALLEN, GERALD S NAME NAME 4837 SWIFT ROAD SUITE #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition ☐ Delete TITLE ☐ Change TITLE ACOSTA, MICHAEL NAME STREET ADDRESS 4837 SWIFT RD #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 **Addition** ☐ Change TITLE ☐ Delete TITLE MURPHY, MICHAEL MURPHY, MICHAEL E NAME NAME 4837 SWIFT RD. #100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP CAST ☐ Change ☐ Addition TITLE Delete TITLE SCHIFANO, JOSEPH NAME NAME 4837 SWIFT RD SUITE #100 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE CHUBBUCK, ANITA J. NAME NAME STREET ADDRESS 4837 SWIFT RD.#100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change Addition TITLE Delete TITLE MCNAIRY, CHARLES MCNAIRY, CHARLES L NAME NAME 201 ALHAMBRA CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP

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.

SIGNATURE:

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Gerald S. Allen

March 24, 2000

941-925-3088

Date

Daytime Phone #