

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711486

1. Entity Name

SIESTA KEY UTILITIES AUTHORITY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90041 029 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6647 MIDNIGHT PASS RD PO DRAWER 40078 SARASOTA FL 34242	Mailing Address 6647 MIDNIGHT PASS RD PO DRAWER 40078 SARASOTA FL 34242-0078
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1196243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYO, HOWELL R.
1632 S. LAKESHORE DRIVE
SARASOTA FL 34231

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD <input type="checkbox"/> Delete
NAME	MARTIN, RICHARD A
STREET ADDRESS	4839 FEATHERBED LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	VC <input type="checkbox"/> Delete
NAME	HERB, F. STEVEN
STREET ADDRESS	5820 RIEGEL'S HARBOR ROAD
CITY-ST-ZIP	SARASOTA FL
TITLE	ATD <input type="checkbox"/> Delete
NAME	FIQUET, W.T.
STREET ADDRESS	7220 PINE NEEDLE ROAD
CITY-ST-ZIP	SARASOTA FL
TITLE	TD <input type="checkbox"/> Delete
NAME	KAYSER, WILLARD C
STREET ADDRESS	716 TROPICAL CIRCLE
CITY-ST-ZIP	SARASOTA FL
TITLE	C <input type="checkbox"/> Delete
NAME	MAYO, HOWELL R
STREET ADDRESS	1632 S, LAKESHORE DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	AT <input type="checkbox"/> Delete
NAME	KIEBITZ, ROBERT E
STREET ADDRESS	1232 PT. CRISP ROAD
CITY-ST-ZIP	SARASOTA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Werft, Allan J.
STREET ADDRESS	8004 Midnight Pass Rd.
CITY-ST-ZIP	Sarasota, FL 34242
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *W.T. Fiquet* Fiquet, Asst. Treasurer 2-15-00 941 349-0202

CR2E037 (9/99)