

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 711486

FILED
Jan 18, 2002 8:00 AM
Secretary of State

Entity Name: SIESTA KEY UTILITIES AUTHORITY, INC.

Current Principal Place of Business:

6647 MIDNIGHT PASS RD
PO DRAWER 40078
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

6647 MIDNIGHT PASS RD
PO DRAWER 40078
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 59-1196243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MARTIN, RICHARD A
Address: 4839 FEATHERBED LANE
City-St-Zip: SARASOTA, FL

Title: VC () Delete
Name: HERB, F. STEVEN
Address: 5820 RIEGEL'S HARBOR ROAD
City-St-Zip: SARASOTA, FL

Title: ATD () Delete
Name: FIQUET, W.T.
Address: 7220 PINE NEEDLE ROAD
City-St-Zip: SARASOTA, FL

Title: TD () Delete
Name: KAYSER, WILLARD C
Address: 716 TROPICAL CIRCLE
City-St-Zip: SARASOTA, FL

Title: C () Delete
Name: MAYO, HOWELL R
Address: 1632 S. LAKESHORE DRIVE
City-St-Zip: SARASOTA, FL

Title: AT () Delete
Name: KIEBITZ, ROBERT E
Address: 1232 PT CRISP ROAD
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W T FIQUET

_____ Electronic Signature of Signing Officer or Director

ATD

01/18/2002

_____ Date