

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F53137

1. Entity Name

LAKE SUZY UTILITY, INC.

Principal Place of Business

Mailing Address

567 Interstate Boulevard
Sarasota, Florida 34240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2828546

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

7. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME Dallas A. Shepard
STREET ADDRESS 12408 SW Sheri St.
CITY-ST-ZIP Lake Suzy, FL

TITLE ST ☒ Delete
NAME Shelly L. Shepard
STREET ADDRESS 12408 SW Sheri St.
CITY-ST-ZIP Lake Suzy, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME Donald J. Clayton
STREET ADDRESS 200 Corporate Center Dr., Suite 300
CITY-ST-ZIP Coraopolis, PA 15108

TITLE V ☐ Change ☒ Addition
NAME James A. Lahtinen
STREET ADDRESS 200 Corporate Center Dr., Suite 300
CITY-ST-ZIP Coraopolis, PA 15108

TITLE C ☐ Change ☒ Addition
NAME William C. Marsh
STREET ADDRESS 200 Corporate Center Dr., Suite 300
CITY-ST-ZIP Coraopolis, PA 15108

TITLE V/S ☐ Change ☒ Addition
NAME Carey Thomas
STREET ADDRESS 11100 Brittmoore Park Dr.
CITY-ST-ZIP Houston, TX 77041

TITLE AS ☐ Change ☒ Addition
NAME Misty Sessions
STREET ADDRESS 11100 Brittmoore Park Dr.
CITY-ST-ZIP Houston, TX 77041

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Lahtinen

Date

03/06/00 (412)393-3000

Ex 3/13