

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J09386

1. Entity Name

ST. LUCIE WEST UTILITIES, INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90041 013 \*\*\*150.00

Principal Place of Business 1740 SW ST LUCIE W BLVD SUITE 3 PORT ST. LUCIE FL 34986 US	Mailing Address 1740 SW ST LUCIE W BLVD SUITE 3 PORT ST. LUCIE FL 34986-2504 US
--	---

2. Principal Place of Business 1850 Fountainview Boulevard	3. Mailing Address 1850 Fountainview Boulevard
---	---

Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201
----------------------------------	----------------------------------

City & State Port St. Lucie, FL	City & State Port St. Lucie, FL
------------------------------------	------------------------------------

Zip 34986	Country USA	Zip 34986	Country USA
--------------	----------------	--------------	----------------



DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1438940	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

7. Name and Address of New Registered Agent

HEGENER, PAUL J  
1740 SW ST LUCIE W BLVD  
SUITE 3  
PORT ST. LUCIE FL 34986

Name
Street Address (P.O. Box Number is Not Acceptable) 1850 Fountainview Boulevard, Suite 201
City Port St. Lucie FL Zip Code 34986

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	DP PAUL J. HEGENER 1740 SW ST LUCIE W BLVD PORT ST. LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1850 Fountainview Boulevard, Suite 201 Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ANDERSON, JAMES H 1740 SW ST LUCIE W BLVD PORT ST. LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1850 Fountainview Boulevard, Suite 201 Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILBERT, GLEN R 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PAGE, DAVID C 1740 SW ST LUCIE W BLVD PORT ST LUCIE FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1850 Fountainview Boulevard, Suite 201 Port St. Lucie, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVAN, ALAN 1750 E SUNRISE BLVD FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ABDO, JOHN E 1350 NE 56TH ST FT LAUDERDALE FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James H. Anderson Date: 4/24/00 Daytime Phone #: 561-340-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR