

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J38046

1. Entity Name

EAGLE CREEK UTILITY II, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90091 041 ***158.75

Principal Place of Business

Mailing Address

601 EAGLE CREEK DRIVE
 NAPLES FL 34113
 US

601 EAGLE CREEK DRIVE
 NAPLES FL 34113-8036
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

625 Eagle Creek Drive

3. Mailing Address

625 Eagle Creek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2728771

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMICO, DAVID J
 601 EAGLE CREEK DRIVE
 NAPLES FL 34113

Name

Street Address (P.O. Box Number is Not Acceptable)

625 Eagle Creek Drive

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 NAME STREET ADDRESS CITY-ST-ZIP | D LIPS, HERBERT 601 EAGLE CREEK DRIVE NAPLES FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 Eagle Creek Drive 34113 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD AMICO, DAVID J. 601 EAGLE CREEK DRIVE NAPLES FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 Eagle Creek Drive 34113 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CTD SCHWAGER, HANSPETER 601 EAGLE CREEK DRIVE NAPLES FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 Eagle Creek Drive 34113 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STEINEMANN, HANSJORG 601 EAGLE CREEK DRIVE NAPLES FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 Eagle Creek Drive 34113 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:

David J. Amico
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Amico

4/24/2000

(941) 775-2227

Date

Daytime Phone #

CR2E034 (9/99)