

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-23-2002 90069 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L40356

1. Entity Name
SPRUCE CREEK SOUTH UTILITIES, INC.

Principal Place of Business
**13920 S.E. 97TH AVENUE
SUMMERFIELD FL 34491
US**

Mailing Address
**6001 N. 24TH STREET
PHOENIX AZ 85016**

94740



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14000 Del Webb Blvd

3. Mailing Address
33 Bloomfield Hills Pkwy

Suite, Apt. #, etc.
#200

City & State
Summerfield FL

City & State
Bloomfield Hills MI

4. FEI Number
59-2995013

Applied For
 Not Applicable

Zip
34491

Country
US

Zip
48304

Country
US

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL Zip Code **33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P HANNEMAN, LEROY C JR 6001 N 24TH STREET PHOENIX AZ 85016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPENCER, JOHN A 6001 N 24TH STREET PHOENIX AZ 85016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, ROBERTSON C 6001 N 24TH STREET PHOENIX AZ 85016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAU, DAVID E 6001 N 24TH STREET PHOENIX AZ 85016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MICKUS, DONALD V 6001 N 24TH STREET PHOENIX AZ 85016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ALEXANDER, MARY S 6001 N 24TH STREET PHOENIX AZ 85016	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mark J. O'Brien 33 Bloomfield Hills Pkwy #200 Bloomfield Hills MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,D,S John R. Stoller 33 Bloomfield Hills Pkwy #200 Bloomfield Hills MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,D Gregory M. Nelson 33 Bloomfield Hills Pkwy #200 Bloomfield Hills MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,T,S Bruce E. Robinson 33 Bloomfield Hills Pkwy #200 Bloomfield Hills MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bloomfield Hills MI 48304 Colette R. Zukoff- AS 33 Bloomfield Hills Pkwy #200 Bloomfield Hills MI 48304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached List	<input type="checkbox"/> Change <input checked="" 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)(l), 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: Colette R. Zukoff **4/29/02 - 248-644-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)