

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90094 001 ****61.25

DOCUMENT # N37878

1. Entity Name

DUCK KEY WASTEWATER COOPERATIVE, INC.

Principal Place of Business

Mailing Address

HAWK'S CAY RESORT
 61 HAWK'S CAY BLVD
 DUCK KEY FL 33050-3756
 US

HAWK'S CAY RESORT
 61 HAWK'S CAY BLVD
 DUCK KEY FL 33050-3756
 US

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

65-0193040

Applied For

Not Applicable

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

WHITE, JOHN
 61 HAWK'S CAY BLVD
 SUITE 200
 DUCK KEY FL 33050

Name **JOHN WHITE**

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

61 HAWK'S CAY BLVD.

City **DUCK KEY**

FL

Zip Code
33050

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME **PD JOHNSON, DONALD H.** ☐ Delete
 STREET ADDRESS **150 E. SAMPLE RD #200**
 CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE
 NAME **D WILSON, SANDRA** ☐ Delete
 STREET ADDRESS **MILE MARKER 81**
 CITY-ST-ZIP **MARATHON FL**

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

TITLE
 NAME **STD CHERNIAVSKY, THOMAS** ☐ Delete
 STREET ADDRESS **MILE MARKER 81**
 CITY-ST-ZIP **MARATHON FL**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Cherniavsky* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 **305-743-7000**
 Date Daytime Phone #

CP02037 (9/01)