## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **P94000086400** 1. Entity Name TAMIAMI VILLAGE WATER COMPANY, INC. 01-20-2000 90247 030 \*\*\*150.00 Principal Place of Business Mailing Address 9380-5 COLLEGE PARKWAY 9380-5 COLLEGE PARKWAY FT. MYERS FL 33919 FT MYERS FL 33919 80004871 3. Mailing Address 2. Principal Place of Business 1, .. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0562361 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent USTICA, JOHN J Street Address (P.O. Box Number is Not Acceptable) 9380-5 COLLEGE PARKWAY FT MYERS FL 33919 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change ☐ Addition ☐ Defete TITLE TITLE USTICA, JOHN J NAME NAME ŝ 5381 FAIRFIELD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33919 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

JOHN J. U.STICA