2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007182 May 15, 2000 8:00 am Secretary of State SOUTH FLORIDA WATER COMPANY 05-15-2000 90240 001 ***150.00 Principal Place of Business Mailing Address 7350 SOUTH TAMIAMI TRAIL #33 5777 BENEVA RD S SARASOTA FL 34233-4105 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0721877 Not Applicable Zip Country 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 Name PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA FL 34233 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PSTD** ☐ Delete TITLE Change TITLE HARR, RICHARD S NAME NAME 7350 SOUTH TAMIAMI TRAIL #33 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P City-St=7# TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 argument of the receiver of the corporation of the corporation of the corporation of the corporation of the receiver of the corporation of the corpor changed, or on an attachmer SIGNATURE: ED NAME OF SIGNING OFFICER OF DIRECTOR Daytime Phone # Date