

ORIGINAL

030502-TC CK5844
\$100.00
MC

1. Name of company or name of individual (not fictitious name or d/b/a):
SUNNY SANDS RESORT

2. Name under which applicant will do business (fictitious name, etc.):
SUNNY SANDS RESORT

3. Official mailing address:
Street: 502 CENTRAL BLVD.

**SUNNY SANDS RESORT
502 CENTRAL BLVD
PIERSON, FL 32180**

P.O. Box: _____

City: PIERSON

State: FLORIDA Zip: 32180

4. Florida address:
Street: 502 CENTRAL BLVD, D 356 **DEPOSIT DATE**
PIERSON FLORIDA 32180 11 JUN 10 2003

P.O. Box: _____

City: PIERSON

State: FLORIDA Zip: 32180

5. Structure of organization:

- Individual
- Corporation
- General Partnership
- Limited Partnership
- Other: _____

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check:

[Signature]

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: 331237

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC /
- OTH _____

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

03 JUN 9 - 9 AM '03

STATE OF FLORIDA
DOCUMENTS CENTER

05153 JUN 11 8

FPSC-COMMISSION CLERK