

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90004 011 \*\*\*150.00

0248725

**DOCUMENT # 355533**

1. Entity Name  
**ALLSTATE GAS COMPANY OF FLORIDA INC**

Principal Place of Business      Mailing Address  
**6000 NE 19 AVE**      **6000 NE 19 AVE**  
**FORT LAUDERDALE FL 33308-2121**      **FORT LAUDERDALE FL 33308-2121**  
**US**      **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 **59-1280843**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLAU, LINDA M (MARRIAGE)**  
**6000 NE 19 AVENUE**  
**FORT LAUDERDALE FL 33308-2121**

7. Name and Address of New Registered Agent

Name **LINDA M. SMITH**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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, 2001 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  Delete  
 NAME **PD SMITH, LINDA M**  
 STREET ADDRESS **6000 NE 19 AVENUE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD LENZ, DEBORAH M.**  
 STREET ADDRESS **2712 PHEASANT DR**  
 CITY-ST-ZIP **LONGMONT CO 80503**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD SMITH, RICHARD W**  
 STREET ADDRESS **6000 NE 19 AVE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD BLAU, DIANNA M**  
 STREET ADDRESS **3057 S. PENNSYLVANIA ST**  
 CITY-ST-ZIP **ENGLEWOOD CO 80110**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **2712 PHEASANT DR.**  
 CITY-ST-ZIP **LONGMONT, CO 80503**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda M Smith      **LINDA M. SMITH**      **2-18-01**      **954-491-4371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)