

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 17, 2000 08:00 AM
Secretary of State

DOCUMENT # H69244

1. Entity Name
FPL GROUP CAPITAL INC

Principal Place of Business ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BCH FL 33408	Mailing Address ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BCH FL 33408
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2. Principal Place of Business ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD	3. Mailing Address ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD
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Suite, Apt. #, etc. P.O. BOX 14000	Suite, Apt. #, etc. P.O. BOX 14000
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City & State JUNO BCH FL	City & State JUNO BCH FL
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4. FEI Number 59-2576416	Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

Zip 33408	Country US	Zip 33408	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEON J E 9250 W. FLAGLER ST. MIAMI FL 33174 US		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE **03/17/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS CUTLER PAUL IATAS 700 UNIVERSE BLVD JUNO BEACH FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS, K. MICHAEL 9250 W. FLAGLER ST MIAMI FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COYLE, D. P. 700 UNIVERSE BLVD. JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS SAMIL, DILEKL 700 UNIVERSE BLVD. JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTA MCGRATH ROBERT LDVTAS 700 UNIVERSE BLVD. JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC YACKIRA MICHAEL W. 700 UNIVERSE BLVD. JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC HAY, III LEWIS DVC 700 UNIVERSE BLVD. JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BROADHEAD, J.L. 700 UNIVERSE BLVD. JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 - DENNIS P. COYLE

03/17/2000

ISABELLA, FRANK V., AS

**700 UNIVERSE BLVD
JUNO BEACH, FL 33408**

TANCER, EDWARD F., AS

**700 UNIVERSE BLVD
JUNO BEACH, FL 33408**