

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 08:00 AM
Secretary of State

DOCUMENT # J11139

1. Entity Name
FPL HOLDINGS INC

Principal Place of Business ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BEACH FL 33408	Mailing Address ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BEACH 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 BEACH FL	City & State JUNO BEACH FL
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Zip 33408	Country US	Zip 33408	Country US
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4. FEI Number
59-2693420

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

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

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 _____ **03/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENSON JENNIFER C 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COYLE, DENNIS P 700 UNIVERSE BLVD JUNO BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SAMIL, D. L. 700 UNIVERSE BLVD JUNO BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MCGRATH ROBERT LDVT 700 UNIVERSE BLVD JUNO BCH FL 33408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COYLE DENNIS PDPS 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 **DPS** **03/26/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)