

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 17, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04961**

1. Entity Name  
**FPL GROUP, INC.**

<b>Principal Place of Business</b> C/O DENNIS P COYLE 700 UNIVERSE BLVD/P.O. BOX 14000 JUNO BCH FL 33408	<b>Mailing Address</b> C/O DENNIS P COYLE 700 UNIVERSE BLVD/P.O. BOX 14000 JUNO BCH FL 33408
---	---

<b>2. Principal Place of Business</b> C/O DENNIS P COYLE	<b>3. Mailing Address</b> C/O DENNIS P COYLE
Suite, Apt. #, etc. 700 UNIVERSE BLVD/P.O. BOX 14000	Suite, Apt. #, etc. 700 UNIVERSE BLVD/P.O. BOX 14000

<b>City &amp; State</b> JUNO BCH FL	<b>City &amp; State</b> JUNO BCH FL
--	--

<b>4. FEI Number</b> <b>59-2449419</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
---	---

DO NOT WRITE IN THIS SPACE

<b>Zip</b> 33408	<b>Country</b> US	<b>Zip</b> 33408	<b>Country</b> US
---------------------	----------------------	---------------------	----------------------

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

**6. Name and Address of Current Registered Agent**

LEON J E  
 9250 WEST FLAGLER STREET  
 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 \_\_\_\_\_ 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)

**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.  **\$5.00 May Be Added to Fees**

**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	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS JAMES PV 700 UNIVERSE BLVE JUNO BEACH FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DAVIS K MC 9250 WEST FLAGLER STREET MIAMI FL 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGRATH ROBERT LT 700 UNIVERSE BLVD JUNO BCH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLEHER LAWRENCE JV 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCC BROADHEAD JAMES LDCC 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GS COYLE DENNIS PGS 700 UNIVERSE BOULEVARD 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 \_\_\_\_\_ DATE **03/17/2000**

---

**MARY LOU KRAMER VICE PRESIDENT, CC  
700 UNIVERSE BLVD**

**JUNO BEACH, FL 33408**

**PAUL R. TREGURTHA DIRECTOR  
THREE LANDMARK SQUARE**

**STAMFORD, CT 06901**

**FREDERIC V. MALEK DIRECTOR  
1455 PENNSYLVANIA AVE, N.W., SUITE 350**

**WASHINGTON, DC 20004**

**DREW LEWIS DIRECTOR  
P. O. BOX 70**

**LEDERACH, PA 19450-0070**

**PAUL J. EVANSON DIRECTOR  
700 UNIVERSE BLVD**

**JUNO BEACH, FL 33408**

**ALEXANDER W. DREYFOOS JR. DIRECTOR  
505 SOUTH FLAGLER DRIVE, SUITE 1450**

**WEST PALM BEACH, FL 33401**

**WILLIAM D. DOVER DIRECTOR  
2601 E. OAKLAND PARK BLVD, SUITE 400**

**FORT LAUDERDALE, FL 33306**

**B. F. DOLAN DIRECTOR  
TWO FIRST UNION CENTER  
301 SOUTH TRYON STREET, SUITE 1990  
CHARLOTTE, NC 28282**

**MARSHALL M. CRISER DIRECTOR  
3400 BARNETT CENTER  
50 NORTH LAURA STREET  
JACKSONVILLE, FL 32202**

**ARMANDO M. CODINA DIRECTOR  
TWO ALHAMBRA PLAZA, PENTHOUSE II**

**CORAL GABLES, FL 33134**

---

**J. HYATT BROWN DIRECTOR  
220 SOUTH RIDGEWOOD AVENUE**

**DAYTONA BEACH, FL 32114**

**ROBERT M. BEALL, II DIRECTOR  
1806 38TH AVEUE EAST**

**BRADENTON, FL 34208**

**SHERRY S. BARRAT DIRECTOR  
355 SOUTH GRAND AVENUE, SUITE 2600**

**LOS ANGELES, CA 90071**

**H. JESSE ARNELLE DIRECTOR  
400 URBANO STREET**

**SAN FRANCISCO, CA 94127**

**MARSHALL M. CRISER DIRECTOR  
3400 BARNETT CENTER**

**ARMANDO M. CODINA DIRECTOR  
TWO ALHAMBRA PLAZA, PENTHOUSE II**

**CORAL GABLES, FL 33134**

**J. HYATT BROWN DIRECTOR  
220 SOUTH RIDGEWOOD AVENUE**

**DAYTONA BEACH, FL 32114**

**ROBERT M. BEALL, II DIRECTOR  
1806 38TH AVEUE EAST**

**BRADENTON, FL 34208**

**SHERRY S. BARRAT DIRECTOR  
355 SOUTH GRAND AVENUE, SUITE 2600**

**LOS ANGELES, CA 90071**

**H. JESSE ARNELLE DIRECTOR  
400 URBANO STREET**

**SAN FRANCISCO, CA 94127**