

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 161752**

1. Entity Name

**PEOPLES GAS COMPANY****FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90132 001 \*\*\*750.00

Principal Place of Business

Mailing Address

C/O D.E. SCHWARTZ  
702 N. FRANKLIN STREET  
TAMPA FL 33602-4418  
USC/O D.E. SCHWARTZ  
PO BOX 111  
TAMPA FL 33601-0111  
US

2. Principal Place of Business

c/o D. E. SCHWARTZ

3. Mailing Address

c/o D. E. SCHWARTZ

Suite, Apt. #, etc.

702 N FRANKLIN ST

Suite, Apt. #, etc.

P.O. BOX 111

City &amp; State

TAMPA FL

City &amp; State

TAMPA FL

Zip

33602-4429

Country

US

Zip

33601-0111

Country

US

4. FEI Number

59-0967303

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDEVITT, S.M.  
702 NORTH FRANKLIN STREET  
TAMPA FL 33602

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

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, 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 V ☐ Delete  
NAME HILL, R J  
STREET ADDRESS 702 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP TAMPA FL 33602-4429TITLE PD ☐ Delete  
NAME CANTRELL, W. N.  
STREET ADDRESS 702 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602-4418TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP TAMPA FL 33602-4429TITLE V ☐ Delete  
NAME SIVARD, F. J.  
STREET ADDRESS 702 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602-4418TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP TAMPA FL 33602-4429TITLE D ☐ Delete  
NAME EUSTACE, R. K.  
STREET ADDRESS 702 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602-4418TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP TAMPA FL 33602-4429TITLE S ☐ Delete  
NAME SCHWARTZ, D E  
STREET ADDRESS 702 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP TAMPA FL 33602-4429TITLE VTD ☐ Delete  
NAME GILLETTE, G. L.  
STREET ADDRESS 702 N. FRANKLIN STREET  
CITY-ST-ZIP TAMPA FL 33602-4418TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP TAMPA FL 33602-4429

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)