

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 355533

1. Entity Name

ALLSTATE GAS COMPANY OF FLORIDA INC

Principal Place of Business

6000 NE 19 AVE
FORT LAUDERDALE FL 33308-2121
US

Mailing Address

6000 NE 19 AVE
FORT LAUDERDALE FL 33308-2121
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BLAU, LINDA M~~
6000 NE 19 AVENUE
FORT LAUDERDALE FL 33308-2121

DUE TO MARRIAGE '98

Name
SMITH, LINDA M.
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	PD	<input type="checkbox"/> Delete
NAME	SMITH, LINDA M	
STREET ADDRESS	6000 NE 19 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LENZ, DEBORAH M.	
STREET ADDRESS	2712 PHEASANT DR	
CITY-ST-ZIP	LONGMONT CO 80503	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, RICHARD W	
STREET ADDRESS	6000 NE 19 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLAU, DIANNA M	
STREET ADDRESS	3057 S. PENNSYLVANIA ST	
CITY-ST-ZIP	ENGLEWOOD CO 80110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA M. SMITH

3-16-00

954-491-4371

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)