

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90045 019 ****61.25

DOCUMENT # 703309

1. Entity Name

THE FLORIDA NATURAL GAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

214 S MONROE ST.
 TALLAHASSEE FL 32302

PO BOX 11026
 TALLAHASSEE FL 32302-3026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2354981

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

ROGERS, G. DAVID
214 N. MONROE STREET
TALLAHASSEE FL 32301

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)

3/29/00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **STD**
 STREET ADDRESS **FITZGERRELL, LINDA**
 CITY-ST-ZIP **601 450 LAKE DESTINY RD**
MAITLAND FL 32794

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **STEIN, C.L.**
 CITY-ST-ZIP **401 SOUTH DIXIE HWY**
WEST PALM BEACH FL 33402

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Stein, C.L.**
 CITY-ST-ZIP **401 South Dixie Hwy.**
West Palm Beach, FL 33402

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **ZEHENDER, HARRY**
 CITY-ST-ZIP **4747 NOB HILL ROAD, #5**
FT LAUDERDALE FL 33351

TITLE Change Addition
 NAME **PD**
 STREET ADDRESS **Zehender, Harry**
 CITY-ST-ZIP **4747 Nob Hill Road, #5**
Ft. Lauderdale, FL 33351

TITLE Delete
 NAME **VPD**
 STREET ADDRESS **WALL, RICHARD F**
 CITY-ST-ZIP **955 EAST 25TH STREET**
HIALEAH FL.33013

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS **Wall, Richard F.**
 CITY-ST-ZIP **955 East 25th Street**
Hialeah, FL 33013

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS **Christmas, Bruce R.**
 CITY-ST-ZIP **702 North Franklin Street**
Tampa, FL 33602

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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
Linda S. Fitzgerald

4/3/00 407/838-7080
 Date Daytime Phone #

CR2E037 (9/99)