

# 2001 UNIFORM BUSINESS REPORT (UBR)

0440701

DOCUMENT # 843993

1. Entity Name

FPL FUELS, INC.

FILED

01 JAN 29 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O J H MANAGEMENT CORP  
P.O. BOX 4024  
BOSTON MA 02101  
US

Mailing Address

% JH HOLDINGS CORP  
PO BOX 4024  
BOSTON MA 02101  
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

13-2992456

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

CORPORATION SERVICE COMPANY  
1201 HAYES 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:

**BRIAN COURTNEY, ASST. VP.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SMITH, NANCY D.  
STREET ADDRESS 39 SOUTH TERRACE  
CITY-ST-ZIP BEVERLY MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASD ☐ Delete  
NAME COLBY, LOUISE E.  
STREET ADDRESS 11 CAZENOVE STREET  
CITY-ST-ZIP BOSTON MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME BITAR, DOLORES A  
STREET ADDRESS 25 RESERVOIR RD, C3  
CITY-ST-ZIP PEMBROKE MA 02359

TITLE VP  
NAME Rosa A. Oliveri  
STREET ADDRESS 90 Mt. Vernon Street, Apt. #3  
CITY-ST-ZIP Dorchester, MA 02125

TITLE AS ☐ Delete  
NAME FITZGERALD, LAURIE A  
STREET ADDRESS 63 LAWRENCE ST  
CITY-ST-ZIP MALDEN MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME DONALDSON, R. DOUGLAS  
STREET ADDRESS 28 GRANT STREET  
CITY-ST-ZIP NEEDHAM MA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME WILSON, JACY L  
STREET ADDRESS ROPES & GRAY, ONE INTERNATIONAL PLACE  
CITY-ST-ZIP BOSTON MA 02110-2624

TITLE ☐ Change ☐ 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:

*R. Douglas Donaldson*

R. DOUGLAS DONALDSON

Treasurer

1/18/01

Date

(617) 751-7690

Daytime Phone #

CR2E034 (10/00)