

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90280 007 \*\*\*\*70.00

**DOCUMENT # 853973**

1. Entity Name  
**ELECTRICAL GENERATING SYSTEMS ASSOCIATION, INC.**



Principal Place of Business

**1650 S. DIXIE HWY.  
5TH FLOOR  
BOCA RATON FL 33432  
US**

Mailing Address

**1650 S. DIXIE HWY.  
5TH FLOOR  
BOCA RATON FL 33432  
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 **59-2270591**

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

~~KELLOUGH, DAVID~~  
**1650 S DIXIE HWY  
5TH FLOOR  
BOCA RATON FL 33432**

Name **KELLOUGH, JALANE**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jalane L. Kellough*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M.** ☐ Delete  
NAME **KELLOUGH, JALANE**  
STREET ADDRESS **1650 S DIXIE HWY SUITE 500**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **PD** ☒ Delete  
NAME **GEARS, CHARLIE**  
STREET ADDRESS **16504 DEZAVALA RD**  
CITY-ST-ZIP **HOUSTON TX 77503**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **KIDWELL, GARY**  
STREET ADDRESS **2291 W MARCH LANE STE A200**  
CITY-ST-ZIP **STOCKTON CA 95207**

TITLE **STD** ☐ Change ☒ Addition  
NAME **Dale Slomp**  
STREET ADDRESS **3233 Oakland St**  
CITY-ST-ZIP **Aurora, CO 80010**

TITLE **VD** ☐ Delete  
NAME **STOYANAC, STEVE**  
STREET ADDRESS **5110 E VULCAN CT**  
CITY-ST-ZIP **MEAD WA 99021**

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

TITLE **VD** ☐ Delete  
NAME **LEBLANC, LEE**  
STREET ADDRESS **125 LIBBY LN.**  
CITY-ST-ZIP **MOODY ME 04054-0079**

TITLE **P** ☒ Change ☐ Addition  
NAME **LEON FIRST NAME**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **KACVINSKY, RAY**  
STREET ADDRESS **100 E RANDOLPH ST**  
CITY-ST-ZIP **WAUSAU WI 54402**

TITLE **VO** ☒ 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)(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 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 REQUIRED**

Date Daytime Phone #

CR2E037 (10/02)