

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A93000001079**  
 1. Entity Name  
**FLORIDA NATURAL FUELS, LTD.**

Principal Place of Business C/O D.E. SCHWARTZ 702 N. FRANKLIN ST. TAMPA FL 33602	Mailing Address C/O D.E. SCHWARTZ P.O. BOX 111 TAMPA FL 33601-0111
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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**FILED**  
 01 NOV -1 PM 4:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEN Number **59-3214408** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCDEVITT, S.M.**  
**702 N. FRANKLIN STREET**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$1,333,258.62</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,374,516.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>J91720 SUWANNEE GAS MARKETING, INC. 702 N. FRANKLIN STREET TAMPA FL 33602</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>F93000004684 SONAT VENTURES, INC. 1900 FIFTH AVENUE NORTH BIRMINGHAM AL 35203</b>	STREET ADDRESS CITY-ST-ZIP	<b>900004215489-3 -05/14/01--01113--018 ****820.25 ****525.25</b>
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **D. E. Schwartz**  
 Secretary  
 Suwannee Gas Marketing, Inc. 4/30/01 (813) 228-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0009062 AF  
 CR2E003 (11/00)