

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **AP4000000039**

1. Entity Name

**GAS CONSULTING, LTD**

FILED

01 MAY 24 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**200 EAST HWY 32  
LEBANON, MO 65536**

Mailing Address

**P. O. BOX 1600  
LEBANON, MO 65536**

2. Principal Place of Business

**200 EAST HWY 32**

3. Mailing Address

**P. O. BOX 1600**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LEBANON, MO**

City & State

**LEBANON, MO**

4. FEI Number

**65-0459914**

Applied For

Not Applicable

Zip

**65536**

Country

**USA**

Zip

**65536**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUCHBINDER & ELEGANT PA  
46 SW 1ST STREET, STE. 400  
MIAMI, FL 33130**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**ZERO**

10. Amount of Capital Contributions  
in FLORIDA to date.

**ZERO**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **136575**  
NAME **EVERGREEN ENERGY CORP.**  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS **200 EAST HWY 32**  
CITY-ST-ZIP **LEBANON, MO 65536**

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**2000004420822-9**  
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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

*Larry Weis*

**LARRY WEIS**

**MAY 14, 2001**

**417-533-3007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)