

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000831

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -7 AM 10:13

1. Entity Name
TECO/BGA LIMITED

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business c/o D. E. SCHWARTZ Suite, Apt. #, etc. 702 N FRANKLIN ST City & State TAMPA FL Zip 33602		3. Mailing Address c/o D. E. SCHWARTZ Suite, Apt. #, etc. P.O. BOX 111 City & State TAMPA FL Zip 33601-0111	
Country US		Country US	

DO NOT WRITE IN THIS SPACE **MJH**

4. FEI Number 59-3442363	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCDEVITT, S.M.
702 N FRANKLIN ST
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$9,900.00	10. Amount of Capital Contributions in FLORIDA to date: \$84,150.00	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	
DOCUMENT #	P97000032710
NAME	TECO/BGA, INC.
STREET ADDRESS	702 N FRANKLIN ST
CITY-ST-ZIP	TAMPA FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300003243553-6 -05/03/00--01007--003 ***1044.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

W. N. CANTRELL
PRESIDENT
TECO/BGA, INC.

SIGNATURE: *W. N. Cantrell* **4/28/00** **(813) 228-4111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #