

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009892 AF

**DOCUMENT # A97000000831**  
**1. Entity Name**  
**TECO AGC LIMITED**

**FILED**  
**01 MAY -1 PM 6:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Principal Place of Business**  
**702 NORTH FRANKLIN STREET**  
**TAMPA FL 33602**

**Mailing Address**  
**SUITE 102**  
**508 WEST FLETCHER AVENUE**  
**TAMPA FL 33612**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**c/o D.E. Schwartz**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**P.O. Box 111**  
**Suite, Apt. #, etc.**

**City & State**  
**Tampa, FL**

**4. FEI Number**  
**59-3442363**

**Applied For**  
 Not Applicable

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

**Zip** **Country** **City** **Country**  
**-33601** **USA**

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

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**200004288832--9**  
**-05/23/01--01015--008**  
**\*\*\*\*526.25 \*\*\*\*526.25**  
**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. (NOT Registered Agent signature required when reinstating)

**9. Capital Contributions as Shown on record.** **\$1,800,000.00**

**10. Amount of Capital Contributions in FLORIDA to date.** **\$1,398,655.73**

**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	
DOCUMENT #	P97000032710
NAME	TECO AGC, INC.
STREET ADDRESS	702 NORTH FRANKLIN STREET
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	<b>BK</b>
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**

**SIGNATURE:** *D. E. Schwartz* **Secretary**  
**TECO AGC, Inc.**

**4/27/01** **(813) 228-1808**

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

CRZE003 (11/00)