

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

3. Mailing Address
P.O. Box 111

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
-33601

Country
USA

4. FEI Number
59-3442363

Applied For
 Not Applicable

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

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

City-STATE-ZIP
**-05/23/01--01015--008
****526.25 ****526.25
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. (NOT Registered Agent signature required when reinstating) DATE _____

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	BK
STREET ADDRESS	
CITY-ST-ZIP	
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.

Date: **4/27/01** Daytime Phone #: **(813) 228-1808**

CRZE003 (11/00)