

2002 UNIFORM BUSINESS REPORT (UBR)

UBR/1 A1

DOCUMENT # **A97000000831**

1. Entity Name

TECO AGC LIMITED

FILED

02 MAY -1 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**C/O D.E. SCHWARTZ
702 NORTH FRANKLIN STREET
TAMPA FL 33602**

Mailing Address

**P.O. BOX 111
TAMPA FL 33601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C/O D.E. Schwartz

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3442363

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDEVITT, SHEILA M
702 NORTH FRANKLIN STREET
TAMPA FL 33602**

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.

DATE

9. Capital Contributions as Shown on record.

\$1,800,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,546,017.69

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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
P97000032710	TECO AGC, INC.	702 NORTH FRANKLIN STREET	TAMPA FL 33602

STREET ADDRESS	CITY-ST-ZIP

BK

000005504150--3
05/10/02 01097-017
*****526.25 *****526.25

CR2E003 (9/01)

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
D.E. Schwartz
Secretary
TECO AGC, Inc.

4/29/02 (813) 228-1808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone