

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15141

1. Entity Name
TECO ENERGY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90039 001 *1,500.00

11357



DO NOT WRITE IN THIS SPACE

Principal Place of Business c/o D. E. SCHWARTZ 702 N. FRANKLIN ST. TAMPA FL 33602-4418 US	Mailing Address C/O D. E. SCHWARTZ P O BOX 111 TAMPA FL 33601-0111 US
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2. Principal Place of Business c/o D. E. SCHWARTZ Suite, Apt. #, etc. 702 N FRANKLIN ST. City & State TAMPA FL Zip 33602-4429 Country US	3. Mailing Address c/o D. E. SCHWARTZ Suite, Apt. #, etc. P.O. BOX 111 City & State TAMPA FL Zip 33601-0111 Country US
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4. FEI Number 59-2052286	Applied For <input type="checkbox"/> Not Applicable
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 NORTH FRANKLIN STREET
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)
Signature, typed or printed name of registered agent and title if applicable DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CULBREATH, H.L.	
STREET ADDRESS	702 N. FRANKLIN ST.	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KESSEL, R.H.	
STREET ADDRESS	702 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DUNN, R A	
STREET ADDRESS	702 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input type="checkbox"/> Delete
NAME	R. K. EUSTACE	
STREET ADDRESS	702 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	CPD	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, G. F.	
STREET ADDRESS	702 N. FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CALLAHAN, S.W.	
STREET ADDRESS	702 N. FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAGAN, R. D.	
STREET ADDRESS	702 N FRANLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEHFELDT, R.	
STREET ADDRESS	702 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, D. E.	
STREET ADDRESS	702 N FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: D. E. Schwartz Date: 4/27/00 Daytime Phone #: 813-228-1808

CR2E034 (9/99)