

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2000
UNIFORM BUSINESS
REPORT (UBR)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

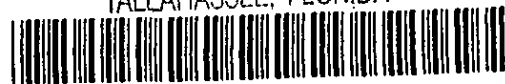
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DOCUMENT # F95000001720

1. Corporation Name

AMERIGAS PROPANE PARTS & SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
460 NORTH GULPH ROAD
KING OF PRUSSIA PA 19406

Mailing Address
460 NORTH GULPH ROAD
KING OF PRUSSIA PA 19406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

4. FEI Number

23-2800538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DV
NAME BOVAIRD, B
STREET ADDRESS 460 NORTH GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA PA

☐ DELETE

TITLE PD
NAME GRADY, R. PAUL
STREET ADDRESS 460 NORTH GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA PA

☐ DELETE

TITLE VSAT
NAME KNAUSS, ROBERT H
STREET ADDRESS 460 NORTH GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA PA

☐ DELETE

TITLE AT
NAME MAURIELLO, SAMUEL R
STREET ADDRESS 460 NORTH GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA PA

☐ DELETE

TITLE TAS
NAME KRICK, ROBERT W.
STREET ADDRESS 460 NORTH GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA PA 19406

☐ DELETE

TITLE V
NAME LINDSAY, MARTHA B.
STREET ADDRESS 460 NORTH GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA PA 19406

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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****150.00 Change ****150.00 Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SAMUEL R. MAURIELLO 4/20/00 610-337-1000

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #