

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002649

1. Entity Name

CALPINE AUBURNDAL, INC.

Principal Place of Business

50 W. SAN FERNANDO ST.
SAN JOSE CA 95113

Mailing Address

50 W. SAN FERNANDO ST.
SAN JOSE CA 95113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0472432

Applied For

Not Applicable

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CARTWRIGHT, PETER
STREET ADDRESS 50 W. SAN FERNANDO ST.
CITY-ST-ZIP SAN JOSE CA 95113

☐ Delete

TITLE AS
NAME BODENSTEINER, LISA M.
STREET ADDRESS 50 W. SAN FERNANDO ST.
CITY-ST-ZIP SAN JOSE CA 95113

☐ Change

☒ Addition

TITLE VSD
NAME CURTIS, ANN B
STREET ADDRESS 50 W. SAN FERNANDO ST.
CITY-ST-ZIP SAN JOSE CA 95113

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE AS
NAME BODENSTEINER, LISA M.
STREET ADDRESS 50 W. SAN FERNANDO ST.
CITY-ST-ZIP SAN JOSE CA 95113

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Lisa M Bodensteiner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lisa M Bodensteiner

8/16/00

Date

(408) 995-5115

Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE

FILED

Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90222 035 ***550.00