## ួ 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # J11139 Jul 25, 2000 8:00 am 1. Entity Name **Secretary of State** FPL HOLDINGS INC 07-25-2000 90005 042 \*\*\*550.00 Principal Place of Business Mailing Address ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD ATTN: DENNIS P COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 P.O. BOX 14000 JUNO BEACH FL 33408 JUNO BEACH FL 33408 VACCOON 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2693420 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired - Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEON, JE Street Address (P.O. Box Number is Not Acceptable) 9250 W. FLAGLER ST. **MIAMI FL 33174** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete DVERTE, ROJERT L. ☐ Change DVT TITLE TITLE NAME McGRATH, ROBERT L. NAME SAMIL, D. L. STREET ADDRESS STREET ADDRESS 700 UNIVERSE\_BLVD 700 UNIVERSE BLVD CITY-ST-ZIP CITY-ST-ZIP JUNO BEACH FL ☐ Addition ☐ Delete TITLE Change TITLE NAME COYLE, DENNIS P NAME STREET ADDRESS STREET ADDRESS 700 UNIVERSE BLVD CITY-ST-7IP CITY-ST-ZIP JUNO BCH FL Change Addition TITLE TITLE BENSON, JENNIFER C NAME NAME STREET ADDRESS STREET ADDRESS 700 UNIVERSE BOULEVARD CITY-ST-ZIP C/TY-ST-ZIP JUNO BEACH FL 33408 Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied entail epol 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 for 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:** 

SIGNATURE REQUROBER L. McGrat

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<u>(561) 694-3424</u>

Daytime Phone #