

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019604 A

DOCUMENT # L00000009676

1. Entity Name  
FLORIDA GAS CONNECTION, L.L.C.

**FILED**  
**Apr 02, 2001 8:00 A.M**  
**Secretary of State**

Principal Place of Business  
5796 ENTERPRISES PARKWAY  
FORT MYERS FL 33905

Mailing Address  
5796 ENTERPRISES PARKWAY  
FORT MYERS FL 33905

2. Principal Place of Business  
Florida Gas Conn.

3. Mailing Address  
5796 Enterprise Pkwy

Suite, Apt. #, etc.  
5796 Enterprise Pkwy Ft. Myers, FL.

Suite, Apt. #, etc.

City & State  
Ft. Myers, FL. 33905

City & State

Zip  
Country  
USA

Zip  
Country  
33905

4. FEI Number  
65-1033408

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

RITTER, LELAND JR.  
5796 ENTERPRISES PARKWAY  
FORT MYERS FL 33905

## 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 *Leland Ritter Jr.*  
Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when re-registering)

*MGR* 3/19/01  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Leland Ritter Jr.  
18051 Nalle Rd.  
N. Ft. Myers, FL. 33917

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Leland Ritter Sr.  
20601 Huffmaster Rd.  
N. Ft. Myers, FL. 33917

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600003994386-9  
-04/12/01--01066--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Leland Ritter Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)