

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2000 08:00 AM  
Secretary of State

DOCUMENT # L98000002054

1. Entity Name  
NEVADA GEOTHERMAL HOLDINGS L.L.C.

Principal Place of Business  
700 UNIVERSE BOULEVARD  
JUNO BEACH FL 33408

Mailing Address  
700 UNIVERSE BLVD., D-3000  
JUNO BEACH FL 33408

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
ATTN: RITA W. COSTANTINO  
Suite, Apt. #, etc.  
700 UNIVERSE BOULEVARD  
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0874429

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LEON J E  
9250 WEST FLAGLER STREET  
MIAMI FL 33174 US

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 \_\_\_\_\_ DATE 02/28/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HATHAWAY SCOT C 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANT DERREL 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOFFMAN KENNETH P 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.