

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000072

1. Entity Name
USE GEOTHERMAL, L.L.C.

Principal Place of Business
515 NORTH FLAGLER DRIVE, SUITE 702
WEST PALM BEACH FL 33401

Mailing Address
515 NORTH FLAGLER DRIVE, SUITE 702
WEST PALM BEACH FL 33401-4324

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 65-0710744
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~ALBRIGHT, SUZANNE~~
515 NORTH FLAGLER DRIVE, SUITE 702
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Szysko, Daniel
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] DATE 5-1-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS ROSEN, THEODORE
CITY-ST-ZIP 515 NORTH FLAGLER DRIVE, SUITE 702
WEST PLAM BEACH FL 33401 ☐ Delete

TITLE NAME MGR
STREET ADDRESS NELSON, RICHARD H
CITY-ST-ZIP 515 NORTH FLAGLER DRIVE, SUITE 702
WEST PLAM BEACH FL 33401 ☒ 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 ☐ Change ☐ Addition

TITLE NAME MGR
STREET ADDRESS SCHNEIDER, LAWRENCE
CITY-ST-ZIP 515 NORTH FLAGLER DRIVE, SUITE 702
WEST PALM BEACH FL 33401 ☒ 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)