

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001062

1. Entity Name

TRIGEN-CINERGY SOLUTIONS OF ORLANDO LLC

Principal Place of Business

139 EAST FOURTH STREET
CINCINNATI OH 45202

Mailing Address

139 EAST FOURTH STREET
CINCINNATI OH 45202-4003

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

31-1612973

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME CASTEN, THOMAS R
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME INGLE, DONALD B JR
STREET ADDRESS 139 EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME KESSEL, RICHARD E
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601

TITLE ☐ Change ☐ Addition
NAME 100003256561
STREET ADDRESS -05/18/00--01011--010
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME ROGERS, JAMES E
STREET ADDRESS 139 EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME WEISER, MICHAEL
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME WINGER, CHARLES J
STREET ADDRESS 139 EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH 45202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/25/00

CR2E083 (9/99)