

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0013649 AF

DOCUMENT # M98000001382

1. Entity Name

TRIGEN-CINERGY SOLUTIONS OF BOCA RATON, LLC

00 MAY -1 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

139 EAST FOURTH STREET
CINCINNATI OH 45202

Mailing Address

139 EAST FOURTH STREET
CINCINNATI OH 45202-4003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4031006

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 NAME STREET ADDRESS CITY - ST - ZIP	MGR CASTEN, THOMAS R ONE WATER STREET WHITE PLAINS NY 10601	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR INGLE, DONALD B JR. 139 EAST FOURTH STREET CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KESSEL, RICHARD E ONE WATER STREET WHITE PLAINS NY 10601	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROGERS, JAMES E 139 EAST FOURTH STREET CINCINNATI OH 45202	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEISER, MICHAEL ONE WATER STREET WHITE PLAINS NY 10601	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WINGER, CHARLES J 139 EAST FOURTH STREET CINCINNATI OH 45202	☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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*****50.00 ☐ 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/99)