

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006103

1. Entity Name

COALITION FOR LOWER GAS PRICES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 10 PM 3:36



DO NOT WRITE IN THIS SPACE

Principal Place of Business 318 N MONROE ST TALLAHASSEE FL 32301		Mailing Address 318 N MONROE ST TALLAHASSEE FL 32301	
2. Principal Place of Business 215 S. Monroe Street Suite, Apt. #, etc. Suite 505 City & State Tallahassee FL		3. Mailing Address 215 S. Monroe St. Suite, Apt. #, etc. Suite 505 City & State Tallahassee FL	
Zip 32301	Country USA	Zip 32301	Country USA
6. Name and Address of Current Registered Agent METZ, STEPHEN W 318 N MONROE ST TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 215 S. Monroe St. Suite 505 City Tallahassee FL Zip Code 32301	
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 8-25-01	
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCADAM, ROBERT 702 SW 8TH STST BENTONVILLE AR 72716-8871 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 72716-0150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACH, ERNIE 700 STARKEY RD, BLDG 300, STE 365 LARGO FL 33771-2334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300004597659--5 -09/19/01--01006--017 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANUS, CHARLES 200 PEACH ST EL RORDA AR 71730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition El Dorado, AR 71730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIESON, JOHN VAN 106 E COLLEGE AVE, STE 300 TALLAHASSEE FL 32302 <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
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 SP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CR2E037 (5/01)