

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006103

1. Entity Name

COALITION FOR LOWER GAS PRICES, INC.

Principal Place of Business

215 S. MONROE STREET., STE 505
TALLAHASSEE FL 32301

Mailing Address

215 S. MONROE STREET., STE 505
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METZ, STEPHEN W.
215 S. MONROE STREET., STE 505
TALLAHASSEE FL 32301

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME MCADAM, ROBERT
STREET ADDRESS 702 SW 8TH STST
CITY-ST-ZIP BENTONVILLE AR 72716-0150

TITLE D ☐ Delete
NAME BACH, ERNIE
STREET ADDRESS 700 STARKEY RD, BLDG 300, STE 365
CITY-ST-ZIP LARGO FL 33771-2334

TITLE D ☐ Delete
NAME GANUS, CHARLES
STREET ADDRESS 200 PEACH ST
CITY-ST-ZIP EL DORADO AR 71730

TITLE D ☐ Delete
NAME GIESON, JOHN VAN
STREET ADDRESS 108 E COLLEGE AVE, STE 300
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100005555321--7
CITY-ST-ZIP -05/16/02--01065--005
*****61.25 *****61.25

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

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

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

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

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

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:

Robert Metz

2/11/02

479-273-4510

APPROVED
AND
FILED

02 MAY -7 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0679901 Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/01)