

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-03-2002 90120 016 ****61.25

DOCUMENT # N01000001583

1. Entity Name

FLORIDA UTILITIES COORDINATING COMMITTEE, INC.

Principal Place of Business

Mailing Address

1619 EASTLAKE WAY
 WESTON FL 33326

1619 EASTLAKE WAY
 WESTON FL 33326

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

65-111434

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

RITTER, CHERYL M
 1619 EASTLAKE WAY
 WESTON FL 33326

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: C
 NAME: ESTERLING, CHARLES II Delete
 STREET ADDRESS: 8003 PERSHING AVE.
 CITY-ST-ZIP: ORLANDO FL 32822

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

TITLE: VC
 NAME: ASH, JANICE S Delete
 STREET ADDRESS: 5313 JOHNS RD., SUITE 201
 CITY-ST-ZIP: TAMPA FL 33634

TITLE: Chairman D
 NAME: Ash, Janice S Change Addition
 STREET ADDRESS: 5313 Johns Rd, # 201
 CITY-ST-ZIP: TAMPA, FL, 33634

TITLE: SD
 NAME: PUGH, JOHN R Delete
 STREET ADDRESS: 3526 9TH ST. WEST
 CITY-ST-ZIP: BRADENTON FL 34206

TITLE: Vice-Chairman D
 NAME: PUGH, John R Change Addition
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: TD
 NAME: RITTER, CHERYL M D Delete
 STREET ADDRESS: 1619 EASTLAKE WAY
 CITY-ST-ZIP: WESTON FL 33326

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Secretary D
 NAME: GILMORE, ART Change Addition
 STREET ADDRESS: 2501 25th St.
 CITY-ST-ZIP: ST. PETERSBURG, FL 33713

TITLE: Delete
 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:

[Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ash, CHAIRMAN 2/15/02
 Date

813-290-8899
 Daytime Phone #

CFR2037 (9/01)