

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 28, 2000 8:00 am
Secretary of State

02-05-2000 90033 006 ****61.25

DOCUMENT # N26760

1. Entity Name
FLORIDA MUNICIPAL ELECTRIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
417 EAST COLLEGE AVENUE **417 EAST COLLEGE AVENUE**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301-1523**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. BOX 10114**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, FL

Zip Country Zip Country
32302-221 **Leon**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1267173** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BRYANT, FREDERICK M. *OK*
306 EAST COLLEGE AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 -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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D BOUDREAU, ELIE J III PO BOX 3191 FT PIERCE FL 34948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MATHIS, GEORGE W. 141 CENTRAL AVENUE CLEWISTON FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP WAILES, KEVIN G 2602 JACKSON BLUFF RD TALLAHASSEE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Tracy E. Danese 21 W. Church St., T. 16 Jacksonville, FL 32202-3139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRIEDEN, SUSAN J. 711 N. MAIN STREET HAVANA FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRON KNIBBS 1300-9TH ST. ST. CLOUD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PO Box 3193 Orlando, FL 32802-3193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORELICH, PETER A 200 CANAL ST NEW SMYRNA BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor 32170-0100

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: *Barry J. Moline* **Barry J. Moline** Date **4/27/00** Daytime Phone # **850/224-3314**