

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003529

1. Entity Name

THE FLORIDA COMPETITIVE ENERGY PRODUCERS ASSOCIATION, INC.

Principal Place of Business

117 S GADSDEN STREET  
TALLAHASSEE FL 32301  
US

Mailing Address

117 S GADSDEN STREET  
TALLAHASSEE FL 32301  
US

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 59-3271777

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

KAUFMAN, VICKI G  
117 S. GADSDEN STREET  
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  
NAME HUDDLESTON, BARRY  
STREET ADDRESS 1000 LOUISIANA STREET, SUITE 5800  
CITY-ST-ZIP HOUSTON TX 77002-5050 ☐ Delete

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

TITLE VD  
NAME KELLY, GREG  
STREET ADDRESS 75 14TH STREET SUITE 2400  
CITY-ST-ZIP ATLANTA GA 30309 ☐ Delete

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

TITLE STD  
NAME HUDDLESTON, BARRY  
STREET ADDRESS 1000 LOUISIANA ST STE 2800  
CITY-ST-ZIP HOUSTON TX 77002-5050 ☐ Delete

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

TITLE STD  
NAME JOHNSON, JOHN  
STREET ADDRESS 75 14TH STREET, SUITE 2400  
CITY-ST-ZIP ATLANTA GA 30309 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90173 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)