

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001126

1. Entity Name

NATIONAL ENERGY RATING FOUNDATION, INCORPORATED

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90291 021 ****70.00

Principal Place of Business

Mailing Address

145 WEKIVA SPRINGS ROAD, SUITE 149B
LONGWOOD FL 32779

145 WEKIVA SPRINGS ROAD, SUITE 149B
LONGWOOD FL 32779-6088

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

59-3559734

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KETTLES, COLLEEN
145 WEKIVA SPRINGS ROAD, SUITE 149B
LONGWOOD FL 32779

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 ☐ Delete
NAME D
STREET ADDRESS BESSETTE, DAVID
CITY-ST-ZIP 1080-A RAINER DRIVE
ALTAMONTE SPRINGS FL 32714

TITLE ☐ Change ☒ Addition
NAME M
STREET ADDRESS Kettles, Colleen
CITY-ST-ZIP 145 Wekiva Springs Road Suite 149B
Longwood, FL 32779

TITLE ☐ Delete
NAME D
STREET ADDRESS CHAVIS, LEROY SR.
CITY-ST-ZIP 1605 CRYSTALVIEW TRAIL
LAKELAND FL 33801

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

TITLE ☐ Delete
NAME D
STREET ADDRESS DIBELLO, STAN
CITY-ST-ZIP 143 EAST PIEDMONT AVE.
PORT ORANGE FL 32119

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FONOROW, KEN
CITY-ST-ZIP 15220 NW 5TH AVE.
NEWBERRY FL 32669

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KAPCZYNSKI, JOSEPH
CITY-ST-ZIP 44 SEA VISTA DRIVE
PALM COAST FL 32137

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MCKENDRY, BRUCE SR.
CITY-ST-ZIP 1613 MANTES DRIVE
COCOA FL 32926

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: *Colleen Kettles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Colleen Kettles 4/26/00 407/774-9939

Date

Daytime Phone #

CR2E037 (9/99)