

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000001126**

1. Entity Name  
NATIONAL ENERGY RATING FOUNDATION, INCORPORATED

Principal Place of Business  
145 WEKIVA SPRINGS ROAD, SUITE 149B  
LONGWOOD FL 32779

Mailing Address  
145 WEKIVA SPRINGS ROAD, SUITE 149B  
LONGWOOD FL 32779

2. Principal Place of Business  
145 WEKIVA SPRINGS ROAD, SUITE 187  
Suite, Apt. #, etc.

3. Mailing Address  
145 WEKIVA SPRINGS ROAD, SUITE 187  
Suite, Apt. #, etc.

City & State  
LONGWOOD FL

City & State  
LONGWOOD FL

Zip Country  
32779

4. FEI Number  
**59-3559734**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
KETTLES COLLEEN  
145 WEKIVA SPRINGS ROAD, SUITE 149B  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent  
Name  
KETTLES COLLEEN  
Street Address (P.O. Box Number is Not Acceptable)  
145 WEKIVA SPRINGS ROAD, SUITE 187  
City  
LONGWOOD FL Zip Code  
32779

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 **COLLEEN KETTLES** 05/01/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENDRY BRUCE SR.			NAME	GILMORE THOMAS		
STREET ADDRESS	1613 MANTES DRIVE			STREET ADDRESS	1811 ENGLEWOOD ROAD #233		
CITY-ST-ZIP	COCOA FL 32926			CITY-ST-ZIP	ENGLEWOOD FL 34223		
TITLE	D	<input type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPCZYNSKI JOSEPH			NAME	JONES PIERCE		
STREET ADDRESS	44 SEA VISTA DRIVE			STREET ADDRESS	2601 SW 23 TERRACE BLDG 242		
CITY-ST-ZIP	PALM COAST FL 32137			CITY-ST-ZIP	GAINESVILLE FL 32611		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FONOROW KEN			NAME	GLENN PATTI		
STREET ADDRESS	15220 NW 5TH AVE.			STREET ADDRESS	3923 SW 180TH ST		
CITY-ST-ZIP	NEWBERRY FL 32669			CITY-ST-ZIP	NEWBERRY FL 32669		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIBELLO STAN			NAME	MOYER NEIL		
STREET ADDRESS	143 EAST PIEDMONT AVE.			STREET ADDRESS	1679 CLEARLAKE ROAD		
CITY-ST-ZIP	PORT ORANGE FL 32119			CITY-ST-ZIP	COCOA FL 32922		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAVIS LEROY SR.			NAME	FAIREY PHILLIP		
STREET ADDRESS	1605 CRYSTALVIEW TRAIL			STREET ADDRESS	1679 CLEARLAKE ROAD		
CITY-ST-ZIP	LAKELAND FL 33801			CITY-ST-ZIP	COCOA FL 32922		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESSETTE DAVID			NAME	STROER DENNIS		
STREET ADDRESS	1080-A RAINER DRIVE			STREET ADDRESS	230 DARTMOUTH ROAD		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			CITY-ST-ZIP	VENICE FL 34293		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** M 05/01/2001

CR2E037 (11/00)

---

**MICHAEL HOLTZ, PRESIDENT**  
**2540 FRONTIER AVENUE, SUITE 201**

**BOULDER, CO 80301**

**COLLEEN KETTLES, SECRETARY, TREASURER**  
**145 WEKIVA SPRINGS ROAD SUITE 187**

**LONGWOOD, FL 32779**

**SUZANNE COOKE, DIRECTOR**  
**201 E PARK AVE**

**TALLAHASSEE, FL 32301**

**LINDA PERRY, DIRECTOR**  
**5250 GALAXIE DRIVE SUITE 1**

**JACKSON, MS 39206**

**MIKE VANBUREN, DIRECTOR**  
**174 BROOKSIDE FARMS ROAD**

**NEWBURGH, NY 12250**

**DREW SMITH, DIRECTOR**  
**3801 BEE RIDGE ROAD #8**

**SARASOTA, FL 34233**