

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90001 005 ****61.25

DOCUMENT # **199000003340**

1. Entity Name

SOUTHEAST UTILITIES REVENUE PROTECTION ASSOCIATION, INC.

Principal Place of Business

**c/o Michael Middlebrooks
Teco Energy, Inc.
702 North Franklin Street
Tampa, FL 33602**

Mailing Address

**c/o Michael Middlebrooks
Teco Energy, Inc.
P.O. Box 111
Tampa, FL 33601-0111**

2. Principal Place of Business

2166 Palmetto Street

3. Mailing Address

2166 Palmetto Street

Suite, Apt. #, etc.

c/o Gary P. Signorelli

Suite, Apt. #, etc.

c/o Gary P. Signorelli

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33765

Country

U.S.A.

Zip

33765

Country

U.S.A.

4. FEI Number

☒ 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

**Robert E. Stone, Registered Agent
Florida Power & Light Company
9250 West Flagler Street
LAW/GO
Miami, FL 33174**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	President/Director	<input type="checkbox"/> Delete
NAME	Jeffrey Cornelius	
STREET ADDRESS	4304 69th Street East	
CITY-ST-ZIP	Palmetto, FL 34221	
TITLE	Vice President/Director	<input type="checkbox"/> Delete
NAME	Gary P. Signorelli	
STREET ADDRESS	2166 Palmetto Street	
CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	Secretary/Treasurer/Director	<input type="checkbox"/> Delete
NAME	Thor D. Wishart	
STREET ADDRESS	P.O. Box 147117, Station F-26	
CITY-ST-ZIP	Gainesville, FL 32614-7117	
TITLE	Sergeant At Arms/Director	<input type="checkbox"/> Delete
NAME	Edward C. Lathrop	
STREET ADDRESS	405 Ridge Road	
CITY-ST-ZIP	Fern Park, FL 32730	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thor D. Wishart

7-3-00

352-334-3400

Date

Daytime Phone # **352-334-3400**

CR2E037 (9/99)

Attachment
 DF# N99000033410
 00508601

Form SS-4 (Rev. April 2000) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► Keep a copy for your records.	EIN OMB No. 1545-0003
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Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Southeast Utilities Revenue Protection Association, Inc.	
	2 Trade name of business (if different from name on line 1) N/A	3 Executor, trustee, "care of" name N/A
	4a Mailing address (street address) (room, apt., or suite no.) c/o Gary P. Signorelli 2166 Palmetto Street	5a Business address (if different from address on lines 4a and 4b) Same as 4a
	4b City, state, and ZIP code Clearwater, FL 33765	5b City, state, and ZIP code Same as 4b
	6 County and state where principal business is located Pinellas County, Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Gary P. Signorelli, President	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► educational (enter GEN if applicable)	
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Started new business (specify type) ►	<input checked="" type="checkbox"/> Changed type of organization (specify new type) ► from unincorporated association to a non profit corporation
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) Incorporated June 1, 1999	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► Education of persons primarily employed to control, deter, correct *
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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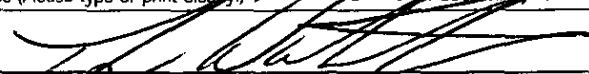
16 To whom are most of the products or services sold? Please check one box.	N/A	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►		

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.	

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► N/A Trade name ► N/A

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN
N/A N/A N/A

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) (352) 334-3400
	Fax telephone number (include area code) (352) 334-2903
	Name and title (Please type or print clearly) ► Thor D. Wishart, VP

Signature ► 	Date ► 7-3-00
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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* or prevent unmetered or unauthorized use of services from a utility. The corporation