

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90011 043 ****61.25

DOCUMENT # N99000003340

1. Entity Name

SOUTHEAST UTILITIES REVENUE PROTECTION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O THOR WISHART
P.O. BOX 147117
GAINESVILLE FL 32614-7117

C/O THOR WISHART
P.O. BOX 147117
GAINESVILLE FL 32614-7117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

910 SINDA Schrank
Suite, Apt. #, etc.
P.O. Box 1310

910 SINDA Schrank
Suite, Apt. #, etc.
P.O. Box 1310

City & State
Wauchula, FL

City & State
Wauchula FL

4. FEI Number
26-3828867

Applied For
Not Applicable

Zip
33873 Country
Hardee

Zip
33873 Country
Hardee

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

STONE, ROBERT E
FLORIDA POWER & LIGHT COMPANY
9250 WEST FLAGLER ST. LAW/GO
MIAMI FL 33174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

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
PD
WISHART, THOR D ☒ Delete
P.O. BOX 147117
GAINESVILLE FL 32614-7117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ Addition
Lathrop, Edward C
405 Ridge Rd.
Fern Park FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV ☐ Delete
LATHROP, EDWARD C
405 RIDGE RD
FERN PARK FL 32730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV ☒ Change ☐ Addition
THOMAS, Kelly
1100 N. Orange Ave
Winter Park FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD ☒ Delete
HANSLAW, JEFF
P.O. BOX 1300
WAUCHULA FL 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAD ☐ Change ☒ Addition
Schrank, SINDA
P.O. Box 1310
Wauchula FL 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAD ☐ Delete
THOMAS, KELLY
1100 N ORANGE AVE
WINTER PARK FL 32389

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 REQUIRED**

8-8-02 863-773-4116

ext 235

CR2E037 (4/02)