

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90023 032 ****61.25

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1. Entity Name
**SOUTHEAST UTILITIES REVENUE PROTECTION
ASSOCIATION, INC.**



Principal Place of Business
**5225 TECH DATA DR
CLEARWATER, FL 33760**

Mailing Address
**5225 TECH DATA DR
CLEARWATER, FL 33760**

40013330



01282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
26-3828867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RHINEHART, SUSAN
5225 TECH DATA DR
CLEARWATER, FL 33760**

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. 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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCALETTA, FRANK ☒ Delete
STREET ADDRESS 150 N ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE DV
NAME HONSBERGER, DONNA ☒ Delete
STREET ADDRESS 301 SE 4TH AVE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE SAD
NAME REINHARDE, SUSAN ☐ Delete
STREET ADDRESS 5225 TECH DATA DR
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE TD
NAME HAMMERBERG, JOHN ☐ Delete
STREET ADDRESS 702 N FRANKLIN AVE
CITY-ST-ZIP TAMPA, FL 33601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Kelly Thomas ☐ Change ☒ Addition
NAME
STREET ADDRESS 5225 Tech data Dr
CITY-ST-ZIP Clearwater, FL 33760

TITLE Susan Reinhardt ☐ Change ☒ Addition
NAME
STREET ADDRESS 5225 Tech data Dr.
CITY-ST-ZIP Clearwater, FL 33760

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

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

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

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 exemptions contained in Chapter 119, 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:

Susan C Reinhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08⁽⁷²⁷⁾ 523-7606
Date Daytime Phone #