## FILED May 10, 2000 8:00 am DOCUMENT # N9900005560 1. Enlity Name

FLORIDA ASSOCIATION OF LOCAL UTILITY REGULATORS,					Secretary of State			
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		04-12-2000 90007 009 ****61.25			
8903 CRAWFORI TALLAHASSEE F	· · · <del>-</del> ·	8903 CRAWFORDVILLE RD. TALLAHASSEE FL 32310-9160						
2. Principal Pla	ace of Business	3. Mailing Address	·····					
<u> </u>					y imich fælif borit æblik bolg) omfil o	forst balds ball stal	# <b>40</b> 11 1001	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	4. FEI Number		Applied For  Not Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Addi	itional	
	6. Name and Address of Curre	nt Registered Agent	<u> </u>		ddress of New Registered	Fee Required	1	
	Humo and Address of Colle		Name	re issue die				
TWOMEY, MICHAEL B				Street Address (P.O. Box Number is Not Acceptable)				
8903 CRAWFORDVILLE RD.				· · · · · · · · · · · · · · · · · · ·		<del></del>		
TALLAHASSEE FL 32310			City		F	L Zip Code	<del></del>	
8 The above	named entity submits this statemen	t for the nurnose of changing its	registered office of	registered agent or both		<u> </u>		
SIGNATURE .	Signature, typed or printed name of registered as	gent and little if applicable. (NOTI	E: Registered Agent signat	ure required when reinstating)	DATE			
FILE NOW: 9. Election Campaign Fir Trust Fund Contribution				\$5.00 May Be Added to Fees		k Payable to nt of State	ı	
10.	OFFICERS AND	DIRECTORS	11.		NGES TO OFFICERS AND			
TITLE		☐ Delete	TITLE	PID DICHAGE B T	CLAMEY	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	8903 CRAWFO	MONIEY ADVICE P.D.			
CITY-ST-ZIP			CITY-ST-ZIP	TANAHASS E	E PI 32310	-9160		
TITLE		☐ Delete	TITLE	V/D	2-7-00	☐ Change	Addition	
NAME Street Address:		STORY IN THE STORY OF THE STORY	NAME - STREET ADDRESS	FRANK H. F.	LE DA.			
CITY-ST-ZIP			CITY-ST-ZIP	Dunn Blen	EI BUULU	•		
Tit <u>re</u>		☐ Delete	IIITE	PINECTON	C. CHADE CT.	☐ Change	Addition	
NAME			NAME	RANDY OFHEM	GLADE CT.			
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	CAVETAL DU	isa 01 3442	£ &		
TITLE		□ Delete	TITLE	10001140 1010	ruc iri	☐ Change	Addition	
NAME			NAME				_	
STREET ADDRESS			STREET ADDRESS	ļ				
CITY-ST-ZIP			CITY-ST-ZIP	·		☐ Change	Addition	
NAME		Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS			STREET ADORESS					
CITY-ST-ZIP	<u>.</u>		CITY-ST-ZIP					
TITLE : .		☐ Defete	TITLE			☐ Change	Addition Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		• • •	*** ** -	•	
CITY-ST-ZIP	CIT							
L	certify that the information supplied	with this filing does not qualify for		ated in Section 119 07/3V	i), Florida Statutes, Liurther	certify that the	information	
of the co	certify that the information supplied don this report or supplemental tep reporation or the releves or truster.	ort is true and account and that employered to execute this repor-	my signature shall t as required by Ch	have the same legal effect hapter 617, Florida Statute	t as if made under cath; tha s; and that my name appea	it i am an office irs in Block 10 c	r or director or Block 11 if	

SIGNATURE: \_

STANDED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANDARD AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/00 9,50-421-9530

Daysing Phone #