

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000057136****1. Entity Name**
FPL GROUP HOLDINGS 2, INC.**Principal Place of Business**

700 UNIVERSE BLVD.

JUNO BEACH
33408

FL

Mailing Address700 UNIVERSE BLVD.
ATTN: DENNIS P COYLEJUNO BEACH
33408

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

700 UNIVERSE BLVD.

Suite, Apt. #, etc.
ATTN: DENNIS P COYLE**City & State**JUNO BEACH
FL**Zip****Country**

33408

Country

US

4. FEI Number**65-0686537****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 AgentLEON J.E.
9250 WEST FLAGLER STREETMIAMI
33174

FL

US

7. Name and Address of New Registered Agent**Name**

LEON J. E.

Street Address (P.O. Box Number is Not Acceptable)
9250 WEST FLAGLER STREETCity
MIAMI

FL

Zip Code
33174**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 J. E. LEON**

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

(NOTE: Registered Agent signature required when reinstating)

03/15/2000

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.** ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|-------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | COYLE DENNIS P | |
| STREET ADDRESS | 700 UNIVERSE BLVD | |
| CITY-ST-ZIP | JUNO BEACH FL | |

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | YACKIRA MICHAEL W | |
| STREET ADDRESS | 700 UNIVERSE BLVD | |
| CITY-ST-ZIP | JUNO BEACH FL | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COYLE DENNIS PDS | |
| STREET ADDRESS | 700 UNIVERSE BLVD | |
| CITY-ST-ZIP | JUNO BEACH FL 33408 | |

| | | |
|----------------|--|---|
| 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 | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: DENNIS P. COYLE**

DS

03/15/2000