

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90031 039 \*\*\*150.00

**DOCUMENT # 507208**  
 1. Entity Name  
**HAUFLER CONSTRUCTION COMPANY**

Principal Place of Business <b>3700 A-100 NW 91ST STREET GAINESVILLE FL 32607-4638</b>	Mailing Address <b>3700 A-100 NW 91ST ST GAINESVILLE FL 32606 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1690954</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HAUFLER, EUGENE  
 3700 A-100 N.W. 91ST STREET  
 GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAUFLER, OSCAR E.</b>	
STREET ADDRESS	<b>7901 N.W. 39TH AVE.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HAUFLER, EUGENE</b>	
STREET ADDRESS	<b>9001 N.W. 39TH AVE.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>DVST</b>	<input type="checkbox"/> Delete
NAME	<b>HAUFLER, DALE E.</b>	
STREET ADDRESS	<b>19,01 NW 57TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>HAUFLER, RAY E.</b>	
STREET ADDRESS	<b>RT 3, BOX 24</b>	
CITY-ST-ZIP	<b>HAWTHORNE FL</b>	
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		<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: Eugene Haufler **EUGENE HAUFLER** 5/1/00 376-3336  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)