

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90173 010 ****61.25

DOCUMENT # 700198

Entity Name
ASPHALT CONTRACTORS ASSOCIATION OF FLORIDA, INC.

| | |
|---|---|
| Principal Place of Business E. DESOTO PARK DR. (32301) TALLAHASSEE FL 32317 | Mailing Address 1007 E. DESOTO PARK DR. (32301) TALLAHASSEE FL 32301-4555 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|---------|--|---------|------------------------------------|--|
| Principal Place of Business Suite, Apt. #, etc. City & State Zip | Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | 4. FEI Number 59-0809672 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent WARREN, JAMES M. 1007 E. DESOTO PARK DR. TALLAHASSEE FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|---|--|--|-----------|--|
| TD WHITEHURST, WILLIAM 20551 NE 75TH STREET WILLISTON FL 32696 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D CHELLGREN, JON 2501 NW 48TH ST POMPANO BCH FL 33073 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD CRAGGS, THOMAS J 4101 NE 35TH ST OCALA FL 34479 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| SD BONNESS, JOE III 5590 SHIRLEY ST. NAPLES FL 33491 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| VD ROZA, DENIS 14860 SIX MILE CYPRESS PKWY FT MYERS FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR12E037 (9/99)

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-2-00 Daytime Phone #: 850 222 7300