2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700198

1. Entity Name

ASPHALT CONTRACTORS ASSOCIATION OF FLORIDA,INC.							
Principal Place of Business	Mailing Address						
1007 E. DESOTO PARK DR. (92901) TALLAHASSEE FL 32317 US	1007 E. DESOTO PARK DR. (32301) TALLAHASSEE FL 32317 US						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						
Zip 27201 Country	Zip 3 2 2 0 1 Country						

	7 E. DESOTO PARK DR. (32901) 1007 E. DESOTO PARK DR. (32301) TALLAHASSEE FL 32317 US					; 211 2101: 120 1			
Principal Place of Business 3. Mailing Address									
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	City & State City & State		4. FEI Num	59-0809672		plied For ot Applicable			
Zip 32	Zip 32301 Country Zip 32301 Cou		Country	5. Certifica	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WARREN, JAMES M. 1007 E. DESOTO PARK DR. TALLAHASSEE FL 32301			Name	Name					
			Stree	Street Address (P.O. Box Number is Not Acceptable)					
			City		Fl	Zip Code	<u> </u>		
8. The above named entity submits this statement for the polipose of changing its registered office or registered agent, or both, in the state of Florida. Signature Signature, yped or plinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW: 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	Make Check Departmen				
10.	t	AND DIRECTORS	11.	ADDITIONS/C	HANGES TO OFFICERS AND D	IRECTORS IN	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITEHURST, WILLIAM 20551 NE 75TH STREET WILLISTON FL 32696	Delete	NAME STREET ADDRES CITY-ST-ZIP	S		☐ Change	☐ Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP	D CHELLGREN, JON 2501 NW 48TH ST POMPANO BCH FL 3307	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		☐ Change	Addition 6		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONNESS, JOE III 5590 SHIRLEY ST. NAPLES FL 33491	o Delete	NAME STREET ADDRES CITY-ST-ZIP	Bonness, 1 5590 Shi Naoles, F		Change Ce Preside	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROZA, DENIS 14860 SIX MILE CYPRES FT MYERS FL	Delate S PKWY	TITLE NAME STREET ADDRES CITY-ST-ZIP	Treasurer Wayne Evail 1936 Leeks	Λ S .	☐ Change	Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Becretary Dave Donofr 1451 Myrth		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mike Horan 510GeneG		☐ Change	Addition		

12. I hereby certify that the information supplied with this filling 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:

Date