

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2002 8:00 am**  
**Secretary of State**

02-06-2002 90021 014 \*\*\*\*61.25

**DOCUMENT # 700198**

1. Entity Name

**ASPHALT CONTRACTORS ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

**1007 E. DESOTO PARK DR. (32301)  
 TALLAHASSEE FL 32301  
 US**

Mailing Address

**1007 E. DESOTO PARK DR. (32301)  
 TALLAHASSEE FL 32301  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-0809672**

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 Agent

7. Name and Address of New Registered Agent

**WARREN, JAMES M.  
 1007 E. DESOTO PARK DR.  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NO: 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WHITEHURST, WILLIAM</b>	
STREET ADDRESS	<b>20551 NE 75TH STREET</b>	
CITY-ST-ZIP	<b>WILLISTON FL 32696</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHELLGREN, JON</b>	
STREET ADDRESS	<b>2501 NW 48TH ST</b>	
CITY-ST-ZIP	<b>POMPANO BCH FL 33073</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BONNESS, JOE III</b>	
STREET ADDRESS	<b>5590 SHIRLEY ST.</b>	
CITY-ST-ZIP	<b>NAPLES FL 33491</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>EVANS, WAYNE</b>	
STREET ADDRESS	<b>1936 LEE ROAD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DONOFRIO, DAVE</b>	
STREET ADDRESS	<b>1451 MYRTLE STREET</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HORAN, MIKE</b>	
STREET ADDRESS	<b>510 GENE GREEN ROAD</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275-3624</b>	

TITLE	<b>Director</b>	<input checked="" 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	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b> <i>okay</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 REQUIRED**

*1/22/02*

*850-222-7300*

CFR2E037 (9/01)