

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90029 027 ****61.25

DOCUMENT # 714252

1. Entity Name

ASSOCIATED BUILDERS AND CONTRACTORS OF FLORIDA,

Principal Place of Business

Mailing Address

4725 N LOIS AVE
 STE 230
 TAMPA FL 33684-2107

PO BOX 152107
 TAMPA FL 33684-2107

2. Principal Place of Business

7921 N. DALE Mabry

Suite, Apt. #, etc.

106

Tampa, FL

Zip
 33614

Country
 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1957412

Applied For

Not Applicable

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

LINN, JAMES
 215 S MONROE ST
 SUITE 702
 TALLAHASSEE FL 32302

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]*

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HORSTMAN, GEORGE	
STREET ADDRESS	3483 ALTERNATE 19	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GAJEWSKI, JIM	
STREET ADDRESS	4501 BEVERLY AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROBECK, GREY	
STREET ADDRESS	P.O. BOX 555688 N/A	
CITY-ST-ZIP	ORLANDO FL 32855	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORN, STEVE	
STREET ADDRESS	4317 N. ST. RD. 7	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEAR, CYNDI	
STREET ADDRESS	625 W. GAINES STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POOLE, BARRY	
STREET ADDRESS	1641 A METROPOLITAN CIR	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL DELVECCHIO	
STREET ADDRESS	1191 S. ROGERS Circle, Ste. #12	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM KEATING	
STREET ADDRESS	P.O. Box 555688	
CITY-ST-ZIP	Orlando, FL 32855	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cyndi Lear	
STREET ADDRESS	625 W. GAINES STREET	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Cammack	
STREET ADDRESS	5348 W. KENNEDY Blvd.	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE ANDREWS	
STREET ADDRESS	6309 - 1 Argyle Forest Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE		<input 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 (813) 879-8664
 Date Daytime Phone #

CR2E037 (9/99)