

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90021 003 ****61.25

0085690

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

656148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2008 N. HIMES
 Suite, Apt. #, etc.

3. Mailing Address

2008 N. HIMES
 Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-1957412

Applied For

Not Applicable

Zip

33607

Country

USA

Zip

33607

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 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

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 33210	
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 checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Brooke	
STREET ADDRESS	5695 Beggs Rd	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	VP	<input checked="" 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Cook	
STREET ADDRESS	1513 Mahan Dr.	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDAN Steadman	
STREET ADDRESS	P.O. Box 2396	
CITY-ST-ZIP	Jacksonville, FL 32203	
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve P. Cona Jr.	
STREET ADDRESS	2008 N. Himes Ave	
CITY-ST-ZIP	Tampa, FL 33607	

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: **Steve P. Cona Jr.**

5/1/01 (813) 879-8064

CR2E037 (10/00)