

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739993

1. Entity Name

GREATER ORLANDO CHAPTER OF THE CONSTRUCTION SPEC

Principal Place of Business

Mailing Address

P.O. BOX 940813
MAITLAND FL 32794-0813
US

P.O. BOX 940813
MAITLAND FL 32794-0813
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

59-3036432

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

BALES, JAMES
341 N. MAITLAND AVE.
SUITE 130
MAITLAND FL 32751

Markel, James W.
461 East Webster Avenue
Winter Park, FL 32790

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Delete
NAME DENNY, CINDY
STREET ADDRESS 2814 SILVER STER ROAD
CITY-ST-ZIP ORLANDO FL 32508

TITLE S ☐ Change ☒ Addition
NAME Muzia, Cindy
STREET ADDRESS 521 Randon Terrace
CITY-ST-ZIP Lake Mary, FL 32746

TITLE D ☒ Delete
NAME HONG, PAT
STREET ADDRESS 1299 GREENLAND TERR.
CITY-ST-ZIP DELAND FL 32720

TITLE P ☐ Change ☒ Addition
NAME Hoag, Patrick
STREET ADDRESS 200 East Robinson Street, Suite 300
CITY-ST-ZIP Orlando, FL 32801

TITLE VP ☒ Delete
NAME GRAHAM, JOHN
STREET ADDRESS 5868 TUNA DR
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ Change ☒ Addition
NAME Cooper, Martin Jay
STREET ADDRESS 1258 Quail Walk Drive
CITY-ST-ZIP Altamonte Springs, FL 32714-1265

TITLE T ☐ Delete
NAME GARROTT, BRUCE
STREET ADDRESS 4605 LB MELEOD RD, STE 900
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME GOODMAN, JOHN
STREET ADDRESS 120 INTERNATIONAL PKWY, STE 220
CITY-ST-ZIP HEATHROW FL

TITLE D ☒ Change ☐ Addition
NAME Goodman, John
STREET ADDRESS 120 International Pkwy, Suite 220
CITY-ST-ZIP Heathrow, FL 32746

TITLE D ☒ Delete
NAME LIGHT, JIM
STREET ADDRESS 225 E RO BINSON ST STE 405
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition
NAME Johnson, E.C.
STREET ADDRESS 200 East Robinson Street, Suite 300
CITY-ST-ZIP Orlando, FL 32801

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:

James W. Markel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 April 2000
Date

407 249,717
Daytime Phone #

CR2E037 (9/99)