

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90081 007 ****61.25

DOCUMENT # N05698

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE AMERICAN CONCRETE

Principal Place of Business P.O. BOX 340674 P.O. Box 540836 MAITLAND FL 32751-0071 ORLANDO, FLA 32854-0836	Mailing Address P.O. BOX 340674 P.O. Box 540836 MAITLAND FL 32751-0071 ORLANDO, FLA 32854-0836
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00001344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2481318** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTCOTT, DAVID
541 S ORLANDO AVE,
~~STE 310~~
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name **CHARLES E KUTS**
 Street Address (P.O. Box Number is Not Acceptable) **541 SADDLEWOOD LANE**
 City **WINTER SPRINGS** FL Zip Code **32708-6466**

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)

1/18/00

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	P	<input type="checkbox"/> Delete
NAME	PAGE, SHERYL	
STREET ADDRESS	5758 S SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KUTS, CHUCK	
STREET ADDRESS	541 SADDLEWOOD LANE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIPKE, CHRIS	
STREET ADDRESS	3115 37TH ST	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNHAM, DAN	
STREET ADDRESS	1030 N. ORLANDO STE. A	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input type="checkbox"/> Delete
NAME	GENTRY, STEVE	
STREET ADDRESS	3115 37TH ST	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, STEVE	
STREET ADDRESS	1001 UNIVERSITY BLVD #300	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUTS, CHUCK	
STREET ADDRESS	541 SADDLEWOOD LANE	
CITY-ST-ZIP	WINTER SPRINGS, FLA 32708-6466	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPKE, CHRIS	
STREET ADDRESS	3115 37TH ST	
CITY-ST-ZIP	ORLANDO, FLA 32839	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNHAM, DAN P. E	
STREET ADDRESS	1030 N ORLANDO STE A	
CITY-ST-ZIP	WINTER PARK FLA 32789	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, STEVE	
STREET ADDRESS	4250 ALAFAYA TRAIL-S-212	
CITY-ST-ZIP	OVIEDO, FLA 32785	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTRY, STEVE	
STREET ADDRESS	3115 37TH ST	
CITY-ST-ZIP	ORLANDO, FLA 32839	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mc FALL, DAVID	
STREET ADDRESS	5109 CARTEL ROAD	
CITY-ST-ZIP	ORLANDO, FLA 32854	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 407-256-2709
 Date Daytime Phone #