

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90059 019 ****61.25

DOCUMENT # N05698

1. Entity Name

CENTRAL FLORIDA CHAPTER OF THE AMERICAN CONCRETE

Principal Place of Business

Mailing Address

P. O. BOX 540836
 ORLANDO FL 32854

P. O. BOX 540836
 ORLANDO FL 32854

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

KUTS, CHARLES
541 SADDLEWOOD LANE
WINTER SPRINGS FL 32708

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P**
 PAGE, SHERYL
 STREET ADDRESS **5758 S SEMORAN BLVD**
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE Change Addition
 NAME **S**
PAGE, Sheryl
 STREET ADDRESS **5780 HOFFNER AVE-S-401**
 CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE Delete
 NAME **VP**
 KUTS, CHUCK
 STREET ADDRESS **541 SADDLEWOOD LANE**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE Change Addition
 NAME **P**
KUTS, CHUCK
 STREET ADDRESS **541 SADDLEWOOD LANE**
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE Delete
 NAME **T**
 LIPKE, CHRIS
 STREET ADDRESS **3115 37TH ST**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE Change Addition
 NAME **T**
BRIEL SHAWN
 STREET ADDRESS **541 S. ORANGE AVE-S-310**
 CITY-ST-ZIP **ORLANDO, FLA 32751**

TITLE Delete
 NAME **D**
 DUNHAM, DAN
 STREET ADDRESS **1030 N. ORLANDO STE. A**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME **VP**
DUNHAM DAN
 STREET ADDRESS **1030N ORLANDO STE A**
 CITY-ST-ZIP **WINTER PARK, FLA 32789**

TITLE Delete
 NAME **D**
 GENTRY, STEVE
 STREET ADDRESS **3115 37TH ST**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE Change Addition
 NAME **D**
MC FALLS, DAVID
 STREET ADDRESS **8100 CARVER ROAD**
 CITY-ST-ZIP **ORLANDO, FLA 32810**

TITLE Delete
 NAME **D**
 GIBSON, STEVE
 STREET ADDRESS **1001 UNIVERSITY BLVD #300**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME **D**
FERGUSON, LUC
 STREET ADDRESS **1398 SR 436 S-200**
 CITY-ST-ZIP **CASSLERBERRY, FLA 32707**

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

1-12-01

407-256-2709

Date

Daytime Phone #

CR2E037 (10/00)