

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90030 027 ****61.25

DOCUMENT # N46236

1. Entity Name

INDEPENDENT ELECTRICAL CONTRACTORS ASSOCIATION.

Principal Place of Business

Mailing Address

15665 MIAMI LAKEWAY, #302
 MIAMI LAKES FL 33014-2131

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 MIAMI LAKES FL 33014-2131

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

65-0434817

Applied For

Not Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLSTEIN, ROBERT W
15665 MIAMI LAKEWAY #302
MIAMI LAKES FL 33014

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	P	<input type="checkbox"/> Delete
NAME	GAYMAN, JOHN	
STREET ADDRESS	10465 SW 184 TERR	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMS, ALAN	
STREET ADDRESS	1089 SE 9 COURT	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORAN, JIM	
STREET ADDRESS	13288 SW 120 ST	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDS, HARRY 3	
STREET ADDRESS	13810 SW 142 AVE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINS, JACK	
STREET ADDRESS	6900 NE 4 COURT	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUELS, CALVIN	
STREET ADDRESS	481 NE 189 ST	
CITY-ST-ZIP	MIAMI FL 33179	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED LOESCHE III	
STREET ADDRESS	8280 NWS. RIVER DRIVE	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MORAN	
STREET ADDRESS	13288 SW 120 ST.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK HIGGINS	
STREET ADDRESS	6900 NE 4 COURT	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE WILLIAMS	
STREET ADDRESS	4050 SW 126 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK WHITE	
STREET ADDRESS	8191 NW 91 TERR. #A-8	
CITY-ST-ZIP	MEDLEY, FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MOODY	
STREET ADDRESS	669 NW 90 ST.	
CITY-ST-ZIP	MIAMI, FL 33150	

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:

Fred J. Loesche III **FRED J. LOESCHE III**

1/5/2000

305/888-65A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #