

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005656

1. Entity Name

FLORIDA INDEPENDENT CONCRETE AND ASSOCIATED PROD

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90372 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

318 NEWMAN RD.  
 SEBRING FL 33870  
 US

318 NEWMAN RD.  
 SEBRING FL 33870-6702  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0454790

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRONSTEIN, FRANK  
 318 NEWMAN RD  
 SEBRING FL 33870

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 D  
 STREET ADDRESS BRONSTEIN, FRANK  
 CITY-ST-ZIP 318 NEWMAN RD  
 SEBRING FL 33870-6702

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

TITLE ☐ Delete  
 NAME SD  
 STREET ADDRESS BELCHER, HAWK  
 CITY-ST-ZIP P.O. BOX 679  
 ELFERS FL 34680-0679

TITLE ☒ Change ☐ Addition  
 NAME VPD  
 STREET ADDRESS Belcher, HAWK  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME VPD  
 STREET ADDRESS BISHOP, JEFF  
 CITY-ST-ZIP 1142 WATER TOWER RD  
 LAKE PARK FL 33403-2397

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

TITLE ☐ Delete  
 NAME TD  
 STREET ADDRESS BROWN, JIM  
 CITY-ST-ZIP PO BOX 627  
 PLACIDA FL 33946-0627

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS EADIE, RENNY  
 CITY-ST-ZIP P O BOX 2101  
 LAKE CITY FL 32056-2101

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

TITLE ☒ Delete  
 NAME PD  
 STREET ADDRESS GRISWOLD, JR LARRY  
 CITY-ST-ZIP P.O. BOX 28578  
 JACKSONVILLE FL 32226-8578

TITLE ☐ Change ☒ Addition  
 NAME SD  
 STREET ADDRESS CARLSON, Carey  
 CITY-ST-ZIP PO Box 40535  
 St Petersburg, FL 33743-0535

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

FRANK Bronstein

4/18/00

863-655-2662

Date

Daytime Phone #

CR2E037 (9/99)