

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90042 048 ****61.25

DOCUMENT # N95000001077

1. Entity Name

NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.

Principal Place of Business

Mailing Address

4020 US HWY 90 WEST
 LAKE CITY FL 32065
 US

*1232 E. Baya Avenue
 Lake City, FL
 32025*

PO BOX 2407
 LAKE CITY FL 32056-2407
 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

NOT APPLICABLE

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

DIX, DONALD
 4020 US HWY 90 WEST
 P.O. BOX 2407
 LAKE CITY FL 32055

Name *Frederick Perry*
 Street Address (P.O. Box Number is Not Acceptable) *Route 4 Box 286*
 City *Lake City FL* Zip Code *32024*

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 *Frederick Perry*

(NOTE: Registered Agent signature required when reinstating)

DATE *4-26-00*

**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	BM B	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, STANLEY	
STREET ADDRESS	RT 10 BOX 970	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	BM BM	<input checked="" type="checkbox"/> Delete
NAME	ZECKER, BRIAN	
STREET ADDRESS	PO BOX 815 QUAILS COURT	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGEE, TOM	
STREET ADDRESS	3 SAINT JAMES AVENUE	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	BM	<input type="checkbox"/> Delete
NAME	PEELER, CHARLES	
STREET ADDRESS	PO BOX 2322	
CITY-ST-ZIP	LAKE CITY FL 32056-2322	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	MILLER, TED	
STREET ADDRESS	3800 SOUTH 1ST ST.	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	BM BM	<input type="checkbox"/> Delete
NAME	PERRY, FREDRICK	
STREET ADDRESS	RT. 4 BOX 286	
CITY-ST-ZIP	LAKE CITY FL 32024	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Frederick Perry</i>	
STREET ADDRESS	<i>Rt 4 Box 286</i>	
CITY-ST-ZIP	<i>Lake City, FL 32024</i>	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Matthew G. Kruger</i>	
STREET ADDRESS	<i>Rt 7 Box 1135</i>	
CITY-ST-ZIP	<i>Lake City, FL 32055</i>	
TITLE	BM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>David Mangrum</i>	
STREET ADDRESS	<i>PO Box 5330</i>	
CITY-ST-ZIP	<i>Lake City, FL 32056</i>	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Zecker Brian</i>	
STREET ADDRESS	<i>PO Box 815</i>	
CITY-ST-ZIP	<i>Lake City, FL 32056</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *T. Mangrum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-00 904754-8888

CR2E037 (9/99)