

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729957 (1)

1. Corporation Name

UNDERGROUND CONTRACTORS ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

3300 UNIVERSITY DR. STE 403
STE 403
CORAL SPRINGS FL 33065
US

3300 UNIVERSITY DR. STE 403
STE 403
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified
06/17/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3300 UNIVERSITY DR

26 3300 UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #403

27 #403

City & State

City & State

23 CORAL SPRING

28 CORAL SPRING

Zip

Country

Zip

Country

24 33065

25 BROWARD

29 33065

30 BROWARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDRICK, CHERYL
3300 UNIVERSITY DR., SUITE 403
STE 403
CORAL SPRINGS FL 33065

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3300 UNIVERSITY DR., SUITE 403

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☒ DELETE

NAME PT
STREET ADDRESS MOLLOY, TOM
CITY-ST-ZIP 800 NW 22ND AVE
FT LAUDERDALE FL

11 TITLE ☒ DELETE

NAME VP
STREET ADDRESS DERIGO, JOHN
CITY-ST-ZIP 8845 SE ROBMYN CT
HOBE SOUND FL

11 TITLE ☐ DELETE

NAME DPP
STREET ADDRESS SHORTZ, LARRY
CITY-ST-ZIP 1300 NE 48TH ST
POMPANO BEACH FL

11 TITLE ☐ DELETE

NAME DP
STREET ADDRESS VENUTI, JOHN
CITY-ST-ZIP 179 JOG ROAD
W. PALM BEACH FL

11 TITLE ☐ DELETE

NAME D
STREET ADDRESS MADSEN, BOB
CITY-ST-ZIP 1117 NW 55TH CT.
FT. LAUDERDALE FL

11 TITLE ☒ DELETE

NAME T
STREET ADDRESS HOOVER, W. A.
CITY-ST-ZIP 2200 W. SUNRISE BLVD.
FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

NAME P DERIGO, JOHN
STREET ADDRESS 8845 SE ROBMYN CT
CITY-ST-ZIP HOBE SOUND, FL

21 TITLE ☒ Change ☐ Addition

NAME D MOLLOY, TOM
STREET ADDRESS 800 NW 22ND AVE
CITY-ST-ZIP FT. LAUDERDALE

31 TITLE ☐ Change ☒ Addition

NAME T. HUNSICKER, BRIAN
STREET ADDRESS 863 N. DIXIE HIGHWAY
CITY-ST-ZIP LANTANA, FL 33462

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

3/5/96 (407) 545-3322

CR2E037 (12/95)