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Apr 26, 1999 8:00 am
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04-26-1999 90092 048 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719261

1. Corporation Name

GOLD COAST CHAPTER OF ASSOCIATED BUILDERS AND CONTRACTORS OF FLORIDA, INC.

Principal Place of Business

4700 NW 2ND AVE
BOCA RATON FL 33431

Mailing Address

4700 NW 2ND AVE
BOCA RATON FL 33431



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/04/1970

4. FEI Number

59-1216595

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHAW, DANNY J
4700 NW 2ND AVE.
#203
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

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

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

TITLE D
NAME MCCONCHIE, JAMES P
STREET ADDRESS 2150 NW 33RD STREET SUITE C
CITY-ST-ZIP POMPANO BEACH FL 33069

☐ DELETE

TITLE DST
NAME TOWNE, GREG
STREET ADDRESS 5365 STIRLING RD.
CITY-ST-ZIP DAVIE FL

☒ DELETE

TITLE DV
NAME DEL VECCHIO, PAUL
STREET ADDRESS 1181 S ROGERS CIRCLE #12
CITY-ST-ZIP BOCA RATON FL 33487

☐ DELETE

TITLE DV
NAME MAURER, JESSE
STREET ADDRESS 6851 SW 21ST COURT
CITY-ST-ZIP DAVIE FL 33317

☐ DELETE

TITLE DP
NAME ROBERT, BRUCE
STREET ADDRESS 6300 NW 5TH WAY
CITY-ST-ZIP FT LAUDERDALE FL

☐ DELETE

TITLE D
NAME ZUCKERMAN, JAY
STREET ADDRESS 3878 PROSPECT AVE #21
CITY-ST-ZIP RIVIERA BCH FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/V
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE DISIT
2.2 NAME RIEGLER, EUGENE
2.3 STREET ADDRESS 4051 SW 47TH AVE, #105
2.4 CITY-ST-ZIP DAVIE, FL 33314

☐ Change

☒ Addition

3.1 TITLE D/P
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE D
5.2 NAME ROBERTS, BRUCE
5.3 STREET ADDRESS 450 FAIRWAY DR., #207
5.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441

☒ Change

☐ Addition

6.1 TITLE D/V
6.2 NAME MOORE, TIMOTHY O.
6.3 STREET ADDRESS 6400 N. ANDREWS AVE.
6.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33309

☐ Change

☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED

4/20/99

561-994-2640

CR2E037 (11/98)