

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711591

1. Entity Name

IRON WORKERS LOCAL NO. 397 BUILDING COMPANY, INC

Principal Place of Business

10201 HWY 92 E
TAMPA FL 33610
US

Mailing Address

PO BOX 18
MANGO FL 33550-0018
US

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

59-0481747

Applied For

Not Applicable

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

DEES, EDWARD D.
1901 SPARKMAN RD.
PLANT CITY FL 33566

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

EDWARD D DEES

2/3/00

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 PD ☐ Delete
NAME BROWN, GRADY L.
STREET ADDRESS 125 W. CARTER RD.
CITY-ST-ZIP LAKELAND FL

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

TITLE SD ☐ Delete
NAME DEES, EDWARD D.
STREET ADDRESS 1901 SPARKMAN RD
CITY-ST-ZIP PLANT CITY FL

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

TITLE VD ☐ Delete
NAME WESTBROOK, MICHAEL F.
STREET ADDRESS RT. 1 BOX 167A
CITY-ST-ZIP LAKE PANASOFKEE FL

TITLE VD ☒ Change ☐ Addition
NAME NUNN, THOMAS
STREET ADDRESS 7107 W. PIERCE HARWELL RD.
CITY-ST-ZIP PLANT CITY, FLORIDA 33565

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD D. DEES, SD

Date

Daytime Phone #

(813) 623-1515



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)