

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719261

1. Entity Name

GOLD COAST CHAPTER OF ASSOCIATED BUILDERS AND CO

Principal Place of Business

4700 NW 2ND AVE
BOCA RATON FL 33431

Mailing Address

4700 NW 2ND AVE
BOCA RATON FL 33431-4878

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1216595

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE DV ☐ Delete

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

TITLE DST ☐ Delete

NAME RIEGLER, EUGENE
STREET ADDRESS 4051 SW 47TH AVE #105
CITY-ST-ZIP DAVIE FL 33314

TITLE DP ☐ Delete

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

TITLE DV ☐ Delete

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

TITLE DP ☒ Delete

NAME ROBERTS, BRUCE
STREET ADDRESS 450 FAIRWAY DR #207
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE DV ☐ Delete

NAME MOORE, TIMOTHY O
STREET ADDRESS 6400 N ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL 33309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D, P ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

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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

Date

Daytime Phone #

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90253 029 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)