

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

0050367

**DOCUMENT # 768822**

1. Entity Name

**SYSTEM COUNCIL U-4, BUILDING CORPORATION**

02-15-2001 90057 042 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**3944 FLORIDA BLVD  
 STE 202  
 PALM BCH GARDENS FL 33410  
 US**

**3944 FLORIDA BLVD.  
 PALM BEACH GARDENS FL 33410**

**00017603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2302768**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **EX**

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, BRIAN K  
 3408 WATER LILLY CT 4272 S. W. Brookside Drive  
 #104 Palm City, Florida 34990  
 PALM BEACH GARDENS FL 33410**

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]*

**Brian K. Thompson, Business Manager**

**01-16-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	V KYLE, L T 2021 ALEXANDER DRIVE TITUSVILLE FL 32796	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLACK, CARL 1314 16 ST., W BRADENTON FL 34205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSSON, WALT 1845 N.E. 214 TERR MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, JAY RT. 1, BOX 780 ST. GEORGE GA 31646	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUBBA, J F 3967 CRESTRIDGE DR NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD R. D. Curtis 17475 Hammock Lane Port St. Lucie, Florida 34987	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. S. Randles 611 N. W. 16th Street Homestead, Florida 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D R. E. Webber 4626 32nd Avenue, S.W. Naples, Florida 34116	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D G. A. Skillas 1516 S. E. 6th Street Deerfield Beach, Florida 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. J. Cosimini P. O. Box 354 Cassadega, Florida 32706	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W. L. Harkey 2409 Lafayette Street Port St. Lucie, Florida 34985	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D G. S. Forbes 14511 N. E. 209th Tr. Lane Fort McCoy, Florida 32134	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Carl L. Black* **CARL L. BLACK**

**2/12/01**

**841-746-8190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

**ADDITIONAL ADDRESS**

Attachment  
# 768822  
DO017609

D  
M. G. Brooks  
1697 N. Carpenter Road  
Titusville, Florida 32796