

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # 719261****1. Entity Name****ASSOCIATED BUILDERS AND CONTRACTORS FLORIDA EAST COAST  
CHAPTER, INC.****Principal Place of Business****Mailing Address**

4700 NW 2ND AVE

4700 NW 2ND AVE

BOCA RATON

FL

33431

BOCA RATON

FL

33431

**2. Principal Place of Business**

3730 COCONUT CREEK PARKWAY

**3. Mailing Address**

3730 COCONUT CREEK PARKWAY

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City &amp; State

COCONUT CREEK

FL

City &amp; State

COCONUT CREEK

FL

Zip

33066

Country

US

Zip

33066

Country

US

**4. FEI Number****59-1216595**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

SHAW DANNY J

4700 NW 2ND AVE.

#203

BOCA RATON

33431

FL

US

**7. Name and Address of New Registered Agent**

Name

SHAW DANNY J

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

3730 COCONUT CREEK PARKWAY

SUITE 200

City

COCONUT CREEK

**FL**

Zip Code

33066

**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 reinstalling)

**04/27/2001**

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete
NAME	MOORE TIMOTHY O	
STREET ADDRESS	6400 N ANDREWS AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MAURER JESSE	
STREET ADDRESS	6851 SW 21ST COURT	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL VECCHIO PAUL	
STREET ADDRESS	1181 S ROGERS CIRCLE #12	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DST	<input type="checkbox"/> Delete
NAME	RIEGLER EUGENE	
STREET ADDRESS	4051 SW 47TH AVE #105	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCONCHIE JAMES P	
STREET ADDRESS	2150 NW 33RD STREET SUITE C	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VONKOSOVSKY DAN	
STREET ADDRESS	2500 S.W. 3RD AVE.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURER JESSE	
STREET ADDRESS	6851 SW 21ST COURT	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEGLER EUGENE	
STREET ADDRESS	4051 SW 47TH AVE #105	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONCHIE JAMES P	
STREET ADDRESS	2150 NW 33RD STREET SUITE C	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JESSE MAURER****P****04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)