

# 2001 - UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015029

1. Entity Name  
GATOR BUILDING MATERIALS, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91122 008 \*\*\*150.00

Principal Place of Business

Mailing Address

3520 SW 34TH ST.  
GAINESVILLE FL 32608

3520 SW 34TH ST.  
GAINESVILLE FL 32608

2. Principal Place of Business

5017 SW 41 Blvd

3. Mailing Address

5017 SW 41 Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

Zip

Country

32608

Alachua

City & State

City & State

Gainesville FL

Zip

Country

32608

Alachua

4. FEI Number 59-3369447

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

ELLIOTT, DAVID  
3520 SW 34TH ST.  
GAINESVILLE FL 32608

Name

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

5017 SW 41 Blvd

City Gainesville

FL

Zip Code 32608

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MUELLER, RICHARD K  
STREET ADDRESS 1825 FELLOWSHIP RD.  
CITY-ST-ZIP TUCKER GA 30084

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

TITLE STD ☐ Delete  
NAME WHITCOMB, RICHARD A  
STREET ADDRESS 1825 FELLOWSHIP RD.  
CITY-ST-ZIP TUCKER GA 30084

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

TITLE VPD ☐ Delete  
NAME CALLAHAN, G. MICHAEL  
STREET ADDRESS 1825 FELLOWSHIP ROAD  
CITY-ST-ZIP TUCKER GA 30084

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

TITLE AS ☐ Delete  
NAME BEUMER, BERNARD J  
STREET ADDRESS 1825 FELLOWSHIP ROAD  
CITY-ST-ZIP TUCKER GA 30084

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

4/26/01

Date

352-376-9815

Daytime Phone #

CR2E034 (10/00)