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# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 18, 2001 8:00 am**
**Secretary of State**
04-03-2001 90080 045 ****61.25

DOCUMENT # N95000001077

1. Entity Name

NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4020 US HWY 90 WEST<br>LAKE CITY FL 32055<br>US | PO BOX 2407<br>LAKE CITY FL 32056<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1232 Bayo Avenue | SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Lake City Florida | City & State |
| Zip: 32055 Country: US | Zip Country |

4. FEI Number: NOT APPLICABLE ☐ 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 |
|---|---|
| PERRY, FREDERICK<br>ROUTE 4 BOX 286<br>LAKE CITY FL 32024 | Name: DAVID E. MANGRUM<br>Street Address (P.O. Box Number is Not Acceptable): Rt 6 BOX 323<br>City: LAKE CITY FL Zip Code: 32025 |

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: David E Mangrum DAVID E. MANGRUM 3-9-2001
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 | PD<br>CRAWFORD, STANLEY<br>RT 10 BOX 970<br>LAKE CITY FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>David E. Mangrum<br>Rt 6 Box 323<br>Lake City, FL 32025 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ZECKER, BRIAN<br>P.O. BOX 815 QUAILS COURT<br>LAKE CITY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Matthew Erkinger<br>Rt 17 Box 1135<br>Lake City, FL 32055 — Vice President | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MCGEE, TOM<br>3 SAINT JAMES AVENUE<br>LAKE CITY FL 32025 Treasurer | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BM<br>PEELER, CHARLES<br>PO BOX 2322<br>LAKE CITY FL 32056-2322 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Glenn I. Joines, Jr.<br>811 N. 5th St.<br>Lake City, FL 32055 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BM<br>MILLER, TED<br>3600 SOUTH 1ST ST.<br>LAKE CITY FL 32025 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Lonnie Hattiwanger<br>P.O. Box 2199<br>Lake City FL 3 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BM<br>PERRY, FREDRICK<br>RT. 4 BOX 286<br>LAKE CITY FL 32024 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Eddie Kuhtz<br>5 W. Duval St<br>Lake City FL 32055 | ☒ Change ☐ Addition |

CR2E037 (10/00)

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 REQUIRED President 3-09-2001 386-752-4716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #