

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-05-2002 90308 010 ****61.25

DOCUMENT # 729957

1. Entity Name

UNDERGROUND CONTRACTORS ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

4363 NORTHLAKE BLVD
 PALM BEACH GARDENS FL 33410
 US

4363 NORTHLAKE BLVD
 PALM BEACH GARDENS FL 33410
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1538360

☒ 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

~~WILSON, KELLY W~~

4363 NORTHLAKE BLVD
 PALM BEACH GARDENS FL 33410

Name

Jennifer M. Mancini

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

Jennifer Mancini Executive Director

4/15/02

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 PD
 NAME JOHNSON, SCOTT
 STREET ADDRESS 604 HILLBRATH DR
 CITY-ST-ZIP LAKE WORTH FL 33462 ☒ Delete

TITLE D
 NAME Lynne Holden, Vice President
 STREET ADDRESS 3603 Tall Pines Blvd.
 CITY-ST-ZIP West Palm Beach, FL 33413 ☐ Change ☒ Addition
 President ☒ Change ☐ Addition

TITLE VPD
 NAME FOSS, ED
 STREET ADDRESS 1888 NW 21ST STREET
 CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE SD
 NAME PAREEDS, HECTOR
 STREET ADDRESS 2545 W. 80TH ST, BAY #16
 CITY-ST-ZIP HIALEAH FL 33016 ☐ Delete

TITLE TD
 NAME WOLF, GREG
 STREET ADDRESS 2200 WEST SUNRISE BLVD
 CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

Jennifer Mancini

4/15/02 (561) 627-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)