

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 280898

1. Entity Name

FLORIDA RIGGING & CRANE COMPANY INC

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90043 032 \*\*\*150.00

Principal Place of Business

Mailing Address

P. O. BOX 680-579  
P.O. BOX 680579  
MIAMI FL 33168  
US

P. O. BOX 680-579  
P.O. BOX 680579  
MIAMI FL 33168-0579  
US

646978



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1058759

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARTHET PATRICK, C ESQ  
200 S. BISCAYNE BLVD  
SUITE 1800  
MIAMI FL 33131

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, 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, 2000 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 ~~DVP~~  
NAME ~~HYDE, ROBERT J.~~  
STREET ADDRESS ~~12573 NEW BRITTANY BLVD~~  
CITY-ST-ZIP ~~FT MYERS FL~~

☒ Delete

TITLE ~~D~~  
NAME ~~EVERINGHAM, PHILIP B~~  
STREET ADDRESS ~~2602 SAN DOMINGO ST~~  
CITY-ST-ZIP ~~CORLA GABLES FL~~

☐ Delete

TITLE ~~D~~  
NAME ~~GIRTMAN, CHARLES~~  
STREET ADDRESS ~~744 TIBADABO AVE~~  
CITY-ST-ZIP ~~CORAL GABLES FL~~

☒ Delete

TITLE ~~DP~~  
NAME ~~UTVICH, MICHAEL~~  
STREET ADDRESS ~~4690 LIPSCOMB ST. NE~~  
CITY-ST-ZIP ~~PALM BAY FL~~

☐ Delete

TITLE ~~SD CST~~  
NAME ~~UTVICH, LORNA RANDALL~~  
STREET ADDRESS ~~10340 N.W. 37TH AVE.~~  
CITY-ST-ZIP ~~MIAMI FL~~

☐ Delete

TITLE ~~DVP~~  
NAME ~~SIDDALL, BRIAN~~  
STREET ADDRESS ~~6666 BRYANT ROAD~~  
CITY-ST-ZIP ~~LITHIA FL~~

☒ Delete

TITLE ~~DVP~~  
NAME ~~OLIVER, SHERRILL~~  
STREET ADDRESS ~~2300 INDIAN CREEK BLD, WEST~~  
CITY-ST-ZIP ~~APT. C117 VERO BEACH, FLA 32966~~

☒ Change ☐ Addition

TITLE ~~D~~  
NAME ~~UTVICH, DAVID M.~~  
STREET ADDRESS ~~1368 HIBISCUS AVE.~~  
CITY-ST-ZIP ~~WINTER PARK, FLA 32789~~

☐ Change ☐ Addition

TITLE ~~D~~  
NAME ~~UTVICH, MICHAEL~~  
STREET ADDRESS ~~10340 N.W. 37TH AVE~~  
CITY-ST-ZIP ~~MIAMI, FLA 33147~~

☒ Change ☐ Addition

TITLE ~~DP~~  
NAME ~~UTVICH, DARYL A.~~  
STREET ADDRESS ~~P.O. BOX 622462~~  
CITY-ST-ZIP ~~ORLANDO, FLA 32862~~

☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL UTVICH, C.E.O

Date

Daytime Phone #

CR2F034 (9/99)