

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 542127

1. Entity Name

CAHILL CONSTRUCTION COMPANY

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90004 039 ***150.00

Principal Place of Business	Mailing Address
131 PARK LAKE STREET ORLANDO FL 32803	131 PARK LAKE STREET ORLANDO FL 32803-3821

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	59-1753432	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAHILL, STEVE 2667 LAKE SHORE DR ORLANDO FL 32803

7. Name and Address of New Registered Agent		
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 _____ (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	
TITLE	PD ☐ Delete
NAME	CAHILL, STEVE
STREET ADDRESS	2667 LAKE SHORE DR
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	S ☐ Delete
NAME	CAHILL, ROSE
STREET ADDRESS	2667 LAKE SHORE DR
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	VP ☐ Delete
NAME	CAHILL, DAVID
STREET ADDRESS	4434 SHUMARD OAK COURT
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	VP ☐ Delete
NAME	WEBSTER, JUDD
STREET ADDRESS	1254 CAMBRIDGE ROAD
CITY-ST-ZIP	MAITLAND FL 32751
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN CAHILL

3-28-2000

Date

407-422-0733

Daytime Phone #