

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 674200

1. Entity Name

GATE CONCRETE PRODUCTS CO.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90011 027 ***150.00

Principal Place of Business

Mailing Address

402 HECKSCHER DRIVE
JACKSONVILLE FL 32226-2604

402 HECKSCHER DRIVE
JACKSONVILLE FL 32226-2604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2005601

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUKE, JOSEPH C
9540 SAN JOSE BLVD-STATE RD 13
JACKSONVILLE FL 32217

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 D ☐ Delete
NAME FOSTER, DAVID M
STREET ADDRESS 9540 STATE ROAD 13
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
NAME LUKE, JOSEPH C.
STREET ADDRESS 9540 STATE ROAD 13
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE TD ☒ Delete
NAME ZEMANEK, LOUIS
STREET ADDRESS 9540 STATE ROAD 13
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☒ Addition
NAME Me Cormack, James E.
STREET ADDRESS 9540 State Road 13
CITY-ST-ZIP Jacksonville, Florida Secretary

TITLE D ☐ Delete
NAME CLEGHORN, BENNY
STREET ADDRESS 402 HECKSCHER DRIVE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☒ Delete
NAME LUEDERS, JACK C
STREET ADDRESS 9540 STATE RD 13
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE V ☒ Delete
NAME DAVIS, HENRY B
STREET ADDRESS 402 HECKSCHER DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☒ Addition
NAME Shimp, Earl N. III
STREET ADDRESS 402 Heckscher Drive
CITY-ST-ZIP Jacksonville, Florida Vice-President

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: *Benny Clegorn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

904-757-0860

Daytime Phone #

CR2E034 (9/99)