

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED  
Feb 19, 2001 8:00 am  
Secretary of State

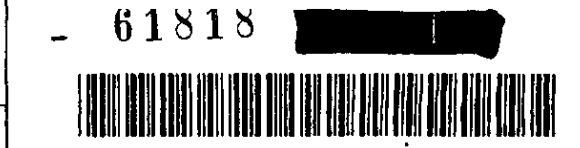
01-29-2001 90064 039 \*\*\*\*61.25

DOCUMENT # 701769  
1. Entity Name  
FLORIDA BUILDING MATERIAL ASSOCIATION, INC.

Principal Place of Business: 1303 LIMIT AVE, MT. DORA FL 32757  
Mailing Address: P.O. BOX 65, MT. DORA FL 32756-0065

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

Zip: Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
TUCKER, GEORGE W  
1303 LIMIT AVE  
MT. DORA FL 32757

4. FEI Number: 59-0247205  
Applied For:  Not Applicable

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

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 \_\_\_\_\_

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: D NAME: NOTTINGHAM, JUDGE STREET ADDRESS: 575 PHELPS ST CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Osteen, Allen D STREET ADDRESS: 308 Avenue A CITY-ST-ZIP: Ft. Pierce, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPDT NAME: KUESTER, KEN STREET ADDRESS: 2175 W 18TH ST CITY-ST-ZIP: JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Bell, Gnes D STREET ADDRESS: 12861 Metro Parkway CITY-ST-ZIP: Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: CARSON, WILLIAM B. STREET ADDRESS: 1303 LIMIT AVE CITY-ST-ZIP: MOUNT DORA FL 32757	<input checked="" type="checkbox"/> Delete	TITLE: M NAME: Tucker, George STREET ADDRESS: 1303 Limit Avenue CITY-ST-ZIP: Mt. Dora, FL 32757	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DUNN, SAM STREET ADDRESS: 200 S SEGRAVE ST. CITY-ST-ZIP: DAYTONA BEACH FL	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: MONROE, JACK JR STREET ADDRESS: 460 NW ENTERPRISE DR CITY-ST-ZIP: PT ST LUCIE FL	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Lottus, Pat D STREET ADDRESS: 9555 S. U.S. Highway 1 CITY-ST-ZIP: Sebastian, FL 32958	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: CROWE, TOM STREET ADDRESS: 1361 N HWY US 1 CITY-ST-ZIP: ORMOND BEACH FL	<input type="checkbox"/> Delete	TITLE: PP NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE Date: 1/17/01 Daytime Phone #: 352/3830266

CR2E037 (10/00)