

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90537 021 ****61.25

972336

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: City & State

Zip: Country Zip: Country



CHECK HERE IF MAKING CHANGES

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

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: OSTEEN, ALLEN STREET ADDRESS: 308 AVENUE A CITY-ST-ZIP: FORT PIERCE FL 34950	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Callum, Tim STREET ADDRESS: 2150 Dobbs Road CITY-ST-ZIP: St. Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: BELL, GREG STREET ADDRESS: 12851 METRO PARKWAY CITY-ST-ZIP: FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE: PP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: M NAME: TUCKER, GEORGE STREET ADDRESS: 1303 LIMIT AVENUE CITY-ST-ZIP: MOUNT DORA FL 32757	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DUNN, SAM STREET ADDRESS: 200 S SEGRAVE ST. CITY-ST-ZIP: DAYTONA BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Monroe Sack STREET ADDRESS: 460 N.W. Enterprise Drive CITY-ST-ZIP: Port St. Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: LOTTUS, PAT STREET ADDRESS: 9555 S US HIGHWAY 1 CITY-ST-ZIP: SEBASTIAN FL 32958	<input type="checkbox"/> Delete	TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: SMYTH, MIKE STREET ADDRESS: P.O. BOX 607399 CITY-ST-ZIP: ORLANDO FL 32860	<input type="checkbox"/> Delete		<input 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 of Executive Director 1/16/03 352.383.0366*

CR2E037 (10/02)