

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90028 007 *****70.00

DOCUMENT # 711200

1. Entity Name

IRON WORKERS LOCAL NO. 808 BUILDING COMPANY, INC

Principal Place of Business

**200 EAST LANDSTREET RD.
 ORLANDO FL 32824**

Mailing Address

**200 EAST LANDSTREET RD.
 ORLANDO FL 32824**

903434



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

59-1093386

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

**CHAMBLEE, MILES & GRIZZARD, P.A.
 ATTN: JOHN CHAMBLEE
 202 CARDY ST.
 TAMPA FL 33606-9360**

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

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 NAME ☐ Delete
DFT PARKER, MASON A
 STREET ADDRESS **3525 CALLOWAY DR**
 CITY-ST-ZIP **ORLANDO FL 32810**

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

TITLE NAME ☒ Delete
PDB KITCHENS, DAVID E.
 STREET ADDRESS **2758 TROPICAL LAKE DR**
 CITY-ST-ZIP **KISSIMMEE FL**

TITLE NAME ☐ Change ☒ Addition
PDB JOHNS, BILLY L.
 STREET ADDRESS **3019 DREMA DRIVE**
 CITY-ST-ZIP **ST.CLOUD, FL. 34769**

TITLE NAME ☐ Delete
RSD DVORAK, STANLEY J., JR.
 STREET ADDRESS **617 MORROCO AVE.**
 CITY-ST-ZIP **ORLANDO, FL 32807**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

ALAN PARKER

1/7/02

407-859-9366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)