

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

FILED

03 JAN 28 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712344

1. Entity Name

FLORIDA TRANSPORTATION BUILDERS' ASSOCIATION, INC.



Principal Place of Business

1007 E. DESOTO PARK DR., STE. 200
P.O. BOX 1208
TALLAHASSEE FL 32301

Mailing Address

1007 E. DESOTO PARK DR., STE. 200
P.O. BOX 1208
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0551642

Applied For

Not Applicable

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

BURLESON, ROBERT G
1007 E DESOTO PAR DR STE 200
P.O. BOX 1208
TALLAHASSEE FL 32301

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/06/03

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	STD	<input type="checkbox"/> Delete
NAME	GRAHAM, BOB	
STREET ADDRESS	5201 CONE RD	
CITY-ST-ZIP	TAMPA FL 33680	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURLESON, ROBERT G	
STREET ADDRESS	1007 E-DESOTO PARK DR ST-	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LOPEZ, ALBERT	
STREET ADDRESS	4850 NW 72ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33152	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, CHUCK	
STREET ADDRESS	HWY 20 EAST	
CITY-ST-ZIP	HOSFORD FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	ELMORE, CRAIG	
STREET ADDRESS	2350 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	IPCD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, ANDREW M	
STREET ADDRESS	925 THOMAS AVE.	
CITY-ST-ZIP	LEESBURG FL	

TITLE	VICE CHAIRMAN / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800011139458	
CITY-ST-ZIP	01/28/03--01074--003 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	IMM. PAST CHAIRMAN / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRMAN / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SEC. - TREAS. / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWELL, JOHN O.	
STREET ADDRESS	6744 Clal Rd. West	
CITY-ST-ZIP	Jacksonville, FL 32254	

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] Robert G. Burleson President 1/6/03 850 947 404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 15, 2003

FLORIDA TRANSPORTATION BUILDERS' ASSOCIATION, INC.
1007 E. DESOTO PARK DR., STE. 200
P.O. BOX 1208
TALLAHASSEE, FL 32301

Subject: **FLORIDA TRANSPORTATION BUILDERS' ASSOCIATION, INC.**

Reference Number: **712344**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314