

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717386

1. Entity Name

FLORIDA PRESTRESSED CONCRETE ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90149 045 ****61.25

Principal Place of Business 16521 SAN CARLOS BLVD. SUITE H FT MYERS FL 33908 US	Mailing Address P.O. BOX 08669 FT MYERS FL 33908-0661 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Country	Zip 33908-0669

4. FEI Number 64-0476534	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCGEE, FRED L
16521 SAN CARLOS BLVD.
SUITE H
FT MYERS FL 33908

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTSON, JOHN P.O. BOX 290817, 5801 W COMMERCE ST TAMPA FL 33687	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MCGEE, FRED L 16521 SAN CARLOS BLVD, STE. H FT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, DIRK 822 ANCLOTE ROAD TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, GAY P.O. BOX 823, 2709 JEFFCOTT ST FT MYERS FL 33902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robertson, John P.O. Box 19449, 5801 W. Commerce St. Tampa, FL 33686-9449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Henderson, Dirk 822 Anclote Rd. Tarpon Springs, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thompson, Gay P.O. Box 823, 2709 Jeffcott St. Et. Myers, FL 33902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Murphy, Martin P.O. Box 15043, 860 Benoist Farms Rd. W. Palm Beach, FL 33416	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 FRED L MCGEE **4-14-00** **941/454-6091**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)