

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 717386**

1. Entity Name  
 FLORIDA PRESTRESSED CONCRETE ASSOCIATION, INC.

Principal Place of Business 16521 SAN CARLOS BLVD. SUITE H FT MYERS 33908 US	FL	Mailing Address P.O. BOX 08669 FT MYERS 339080669 US	FL
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2. Principal Place of Business 6710 WINKLER ROAD	3. Mailing Address 6710 WINKLER ROAD
Suite, Apt. #, etc. SUITE 8	Suite, Apt. #, etc. SUITE 8
City & State FT MYERS FL	City & State FT MYERS FL
Zip 33919	Country US

4. FEI Number  
**64-0476534**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCGEE, FRED L 16521 SAN CARLOS BLVD. SUITE H FT MYERS FL 33908 US		7. Name and Address of New Registered Agent Name MCGEE, FRED L Street Address (P.O. Box Number is Not Acceptable) 6710 WINKLER ROAD SUITE 8 City FT MYERS FL Zip Code 33919	
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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 \_\_\_\_\_ DATE **04/04/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS MURPHY MARTIN P.O. BOX 15043, 860 BENOIST FARMS ROAD WEST PALM BEACH FL 33416	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON DIRK 822 ANCLOTE ROAD TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	M MCGEE, FRED L. 6710 WINKLER ROAD, STE. 8 FT MYERS FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON JOHN P.O. BOX 290817, 5801 W COMMERCE ST TAMPA FL 33686	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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)(f), 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:** FRED MCGEE M 04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)