

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

12025021

04-04-2001 90091 017 \*\*\*\*61.25

**DOCUMENT # 726016**

1. Entity Name  
**CENTRAL FLORIDA CHAPTER ASSOCIATED BUILDERS AND**

Principal Place of Business <b>450 N WYMORE ROAD          WINTER PARK FL 32789-2803          US</b>	Mailing Address <b>450 N WYMORE ROAD          WINTER PARK FL 32789-2803          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WYLIE, MARK P.  
 654 CAYUGA DRIVE  
 WINTER SPGS. FL 32708**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME	VPD CRAVEN, RON W	<input type="checkbox"/> Delete
STREET ADDRESS	7235 GARDNER STREET	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE NAME	P KULP, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2114 S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	T KULP, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2114 S ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE NAME	VPD BOWEN, RAYMOND L	<input type="checkbox"/> Delete
STREET ADDRESS	60 N COURT AVE	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE NAME	TD BRACCO, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	255 OLD SANFORD-OVIEDO ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Craven, Ron W.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7235 Gardner St	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD Bracco, Frank	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	255 Old Sanford-Oviedo	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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:** FRANK BRACCO **SIGNATURE REQUIRED** 3-29-01 407-628-2970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)