

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

0011626

04-03-2002 90201 025 \*\*\*\*61.25

**DOCUMENT # 726016**

1. Entity Name

**CENTRAL FLORIDA CHAPTER ASSOCIATED BUILDERS AND CONTRACTORS INC**

Principal Place of Business

Mailing Address

**450 N WYMORE ROAD  
 WINTER PARK FL 32789-2803  
 US**

**450 N WYMORE ROAD  
 WINTER PARK FL 32789-2803  
 US**

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

**59-1447179**

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

7. Name and Address of New Registered Agent

**WYLIE, MARK P.  
 654 CAYUGA DRIVE  
 WINTER SPGS. FL 32708**

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

*Mark P. Wylie*

**3-28-02**

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: **PD**  Delete  
 NAME:  **CRAVEN, RON W**  
 STREET ADDRESS:  **7235 GARDNER STREET**  
 CITY-ST-ZIP:  **WINTER PARK FL 32792**

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

TITLE: **VPD**  Delete  
 NAME:  **BOWEN, RAYMOND L**  
 STREET ADDRESS:  **60 N COURT AVE**  
 CITY-ST-ZIP:  **ORLANDO FL 32801**

TITLE: **PD**  Change  Addition  
 NAME:  **Bowen, Raymond**  
 STREET ADDRESS:  **1436 Canal Point Road**  
 CITY-ST-ZIP:  **Longwood, FL 32750**

TITLE: **VPD**  Delete  
 NAME:  **BRACCO, FRANK**  
 STREET ADDRESS:  **255 OLD SANFORD-OVIEDO ROAD**  
 CITY-ST-ZIP:  **WINTER SPRINGS FL 32708**

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

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

TITLE: **CD**  Change  Addition  
 NAME:  **Ronald J. Burkett**  
 STREET ADDRESS:  **2801 W. Airport Blvd.**  
 CITY-ST-ZIP:  **Sanford, FL 32771**

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

TITLE: **VPD**  Change  Addition  
 NAME:  **Charles P. Brandt**  
 STREET ADDRESS:  **6501 Magic Way**  
 CITY-ST-ZIP:  **Orlando, FL 32809**

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

TITLE: **VP**  Change  Addition  
 NAME:  **Keith Sommer**  
 STREET ADDRESS:  **6220 S. Orange Blossom Trail St. 600**  
 CITY-ST-ZIP:  **Orlando, FL 32809**

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:

*Mark P. Wylie*  
**MARK P. WYLIE**

**3-28-02 407-628-2070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)