

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731419

1. Entity Name

ELECTRICAL WORKERS BUILDING ASSOCIATION, OF PINE

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90031 018 ****61.25

Principal Place of Business Mailing Address
4020 80TH AVE. NO. 4020 80TH AVE. NO.
PINELLAS PARK FLORIDA 34665-2545 PINELLAS PARK FLORIDA 33781-2547

2. Principal Place of Business 3. Mailing Address
1401 9th Ave. No. 1401 9th Ave. No.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
St. Petersburg, FL St. Petersburg, FL
Zip Country Zip Country
33705 Pinellas 33705 Pinellas

4. FEI Number 59-1296796
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEALE, MICHAEL L
1445 49TH ST.
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name
Craft, Donald E.
Street Address (P.O. Box Number is Not Acceptable)
1545 Wisconsin Ave.
City Palm Harbor FL Zip Code 34683

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 *Donald E. Craft* Donald E. Craft, Registered Agent February 10, 2000
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RUNKLE, JACK P. JR.	
STREET ADDRESS	741-8TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEHMAEL, RUSSELL E	
STREET ADDRESS	5141-18TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	BM	<input type="checkbox"/> Delete
NAME	KRONZ, HAROLD C	
STREET ADDRESS	11755-87TH AVE. NORTH	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LENAS, STANLEY JR	
STREET ADDRESS	2202-80TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YATES, GERALD B	
STREET ADDRESS	9509 N118TH LANE N.	
CITY-ST-ZIP	SEMINOLE FL 34642	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Craft, Donald E.	
STREET ADDRESS	1545 Wisconsin Ave.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Donald E. Craft* Donald E. Craft, President (727) 898-2802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #