

2001 UNIFORM BUSINESS REPORT (UBR)

2/6

FILED

Apr 25, 2001 8:00 am
Secretary of State

02-06-2001 90330 019 ****61.25

DOCUMENT # 746225

1. Entity Name

THE BUILDING OFFICIALS AND INSPECTORS ASSOCIATIO

Principal Place of Business

1126 S FED HWY
#394
FT LAUDERDALE FL 33316
US

Mailing Address

C/O WILLIAM DUMBAUGH
1126 S FED HWY #394
FT LAUDERDALE FL 33316
US

39518



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2647099

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUMBAUGH, BILL
9530 W SAMPLE RD
CORAL SPRINGS FL 33065

Name CLAUDIO GRANDE D

Street Address (P.O. Box Number is Not Acceptable)
1126 S. FEDERAL HIGHWAY

#394

City FORT LAUDERDALE

FL

Zip Code 33316

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PT COTLER, CHRISTOPHER R 3801 N UNIVERSITY DR SUITE 401 SUNRISE FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT DUMBAUGH, BILL 9530 W SAMPLE RD CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANNON, ROBERT 9530 W. SAMPLE ROAD CORAL SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILBRIDE, GARY 10100 PINES BLVD PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLI, TOM 400 S FED HWY HALLANDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGLEY, MARY 3801 UNIVERSITY DR SUNRISE FL 33351	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KEN KOCH D 100 W. DAVIA BEACH BLVD. DAVIA BEACH, FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TED FOWLER D 9530 W. SAMPLE RD. CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GREGG FERRUG 955 S. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CURTIS CRAIG D 9090 SW 50 PL COOPER CITY, FL 33328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Tom Willi 6591 SW 45 ST. DAVIE, FL 33314	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BOB ODELL 955 S. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33316	<input checked="" 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 any other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/01

Date

954-924-3650

Daytime Phone #

CR2E037 (10/00)