2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2002 8:00 am **DOCUMENT # 762282** Secretary of State 1. Entity Name CGC BUILDING ASSOCIATION, INC. 02-11-2002 90107 029 ****61.25 Principal Place of Business Mailing Address 401 3RD ST SW 401 3RD ST SW WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2217214 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLOUM, DJ 180 LAGOON RD SE WINTER HAVEN FL 33884 City 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. Ę SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be ~ FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE JOHN JOHANSSEN Change (9/01) Delete ☐ Addition CONTE, ERNEST R. J.R. NAME NAME 40 FLAGLER SE 4901 WILLOWBROOK CIR. STREET ADDRESS STREET ADDRESS **CR2E037** WIN TER H AVEN, FL 33864 WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition CLOUH, D.J. NAME 180 LAGOON RD SE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP CITY-ST-ZIP 1 TITLE Delete TITLE ☐ Change ☐ Addition HARTIGAN, J NAME MAME PO BOX 769 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE HAMILTON FL 33851 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NELSON, KENNETH J NAME NAME 419 FLAGLER SE STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP CONTE, ERNIST TX TITLE TITLE D ☐ Change Delete ☐ Addition JOHANSON, J 4901 WILLOWBASSE OLA NAME NAME **40 FLAGLER DR** STREET ADDRESS STREET ADDRESS WINTER HAVION, IPL 33580 WINTER HAVEN FL 33854 CITY-ST-ZIP 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.

TITLE 🗺 🖸

CITY-ST-ZIP

STREET ADDRESS

NAME

vr TITLE

STREET ADDRESS

CITY-ST-7IP

NAME

GAYFORD, GENE

5728 LAKE FOX DR E

WINTER HAVEN FL 33884

SIGNATURE: D. STGGATOJUM RECUIRED

☐ Delete

01-15-02 (853) 324-1832

☑ Change

☐ Addition