

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766255

1. Entity Name

ACADEMY OF CONSTRUCTION TRADES, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90046 010 \*\*\*\*61.25

Principal Place of Business Mailing Address  
PO BOX 160819 PO BOX 160819  
ALTAMONTE SPRINGS FL 32716-0819 ALTAMONTE SPRINGS FL 32716-0819  
US 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 59-2245953 Applied For Not Applicable

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

SASSO, MICHAEL C  
390 N. ORANGE AVE.  
STE 2700  
ORLANDO FL 32801

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 \_\_\_\_\_ (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 BEASLEY, DAVID  
STREET ADDRESS 430 WEST DR.  
CITY-ST-ZIP ALTAMONTE SPGS FL

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

TITLE CD ☐ Delete  
NAME BEASLEY, DAVID M  
STREET ADDRESS 430 WEST DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE VCD ☐ Delete  
NAME STANLEY, GEORGE  
STREET ADDRESS 450 SOUTH SR 427  
CITY-ST-ZIP LONGWOOD FL

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

TITLE TD ☐ Delete  
NAME MARTIN, JOHN  
STREET ADDRESS P O BOX 526100 N/A  
CITY-ST-ZIP LONGWOOD FL 32752

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

TITLE S ☐ Delete  
NAME WEINSBERG, JACK  
STREET ADDRESS P.O. DRAWER 1924 NA  
CITY-ST-ZIP EUSTIS FL 32727

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED Buck Dreich 4-30-00 407-682-3268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)