


FILED
Jan 22, 2008 8:00 am
Secretary of State

400000-

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2302768	Applied For
	Not Applicable

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

DOCUMENT # 768822				01-22-2008 90082 005 ****70.00	
1. Entity Name SYSTEM COUNCIL U-4, BUILDING CORPORATION					
Principal Place of Business 3944 FLORIDA BLVD STE 202 PALM BCH GARDENS, FL 33410 US		Mailing Address 3944 FLORIDA BLVD. PALM BEACH GARDENS, FL 33410			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ALEKNAVICH, GARY J 1062 SE SEAGRASS AVE PORT SAINT LUCIE, FL 34987		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Gary J Aleknavich</i> GARY J ALEKNAVICH				1-14-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACNICHOL, M 13661 SE 46TH ST OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary mueller K. G. 10492 S.W. Sarah Way Port St. Lucie, FL 34987	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROWOOD, D.W. 80 FENIMORE LN PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. R Dickinson Rt 2, Box 780 St. George, Georgia 31646	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXON, W.W. 5144 TURTLE CREEK PLACE FORT PIERCE, FL 34981	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D R.G. Bennett 2702 W. Cypress Avenue, S.E. Fort Myers, FL 33905	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNICK, T.J. 745 N CRESCENT DR HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. G. Janelly 268 Oaham Drive Sanford, FL 32773	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTOX, D.A. 4300 NW 185TH STREET MIAMI, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D. A. McMahon P.O. Box 540911 Lake Worth, FL 33454	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, R.L. 12104 TIMBERLAKE RD RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D L.L. Bryan 336 Woodland Avenue Cocoa Beach, FL 32931	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Russell L Martin</i> RUSSELL L. MARTIN				01/16/08 813 310 8201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

D
D. R. Garner
P. O. Box 243
San Mateo, Florida 32189

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ATTACHMENT