

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90181 047 ****70.00

DOCUMENT # 768822

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2302768**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMPSON, BRIAN K
4272 S.W. BROOKSIDE DR
PALM CITY FL 34990**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

2/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **LC, SNYDER**
CITY-ST-ZIP **16914 WATERLINE RD
BRADENTON FL 34212**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BLACK, CARL**
CITY-ST-ZIP **1314 16 ST., W
BRADENTON FL 34205**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RJ, BENNETT JR**
CITY-ST-ZIP **2702 W CYPRESS AVE SE
FORT MYERS FL 33905**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DICKINSON, JAY**
CITY-ST-ZIP **RT. 1, BOX 780
ST. GEORGE GA 31646**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BUBBA, J F**
CITY-ST-ZIP **3967 CRESTRIDGE DR
NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **RA, MCMAHON**
CITY-ST-ZIP **8006 LAKELAND BLVD
FORT PIERCE FL 34951**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **LC, Snyder**
CITY-ST-ZIP **16914 Waterline RD
Bradenton, FL 34212**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **J. J. Farrley**
CITY-ST-ZIP **226 Odham ST.
Sanford, FL 32773**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **WJ, Crosson**
CITY-ST-ZIP **1845 N. E. 214 ST
Miami, FL 33179**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **DM, Lowe**
CITY-ST-ZIP **842 Pine Shore Circle
New Smyrna Beach, FL 32168**

TITLE ☐ Change ☒ Addition
NAME **PD**
STREET ADDRESS **RD, Curtis**
CITY-ST-ZIP **17475 Hammock Lane
Port Saint Lucie, FL 34987**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **DA, Mattox**
CITY-ST-ZIP **4300 N. W. 185 ST
Miami, FL 33055**

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:

CARL A. BIFARKE (CARL Black) **2/23/03** **941/7618190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attachment 10028453
768822

ADDITIONAL ADDRESSES

D
G. A. Skillas
1516 S. E. 6th Street
Deerfield Beach, Florida 33441

D
~~G. S. Forbes~~
P. O. Box 243
San Mateo, Florida 32187

D
L. T. Kyle
2021 Alexander Drive
Titusville, Florida 32796
