

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812709

CERTIFIED MAIL NO. Z973 116 821
RETURN RECEIPT REQUESTED

1. Entity Name

VULCAN MATERIALS COMPANY

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90006 017 ***550.00

Principal Place of Business

CORPORATE TAX DEPARTMENT
P.O. BOX 385014
BIRMINGHAM AL 35238-5014

Mailing Address

CORPORATE TAX DEPARTMENT
P.O. BOX 385014
BIRMINGHAM AL 35238-5014

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 63-0366371

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

THE PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SKLENAR, H.A.	
STREET ADDRESS	2809 SHOOK HILL CIRCLE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	JAMES, D.M.	
STREET ADDRESS	2901 THORNHILL RD	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	CLEMENS, III P J	
STREET ADDRESS	5680 CHABA VALLEY ROAD	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE	AT	<input type="checkbox"/> Delete
NAME	REESE, TW	
STREET ADDRESS	1386 SEQUOIA TRAIL	
CITY-ST-ZIP	ALABASTER AL	
TITLE	SV	<input type="checkbox"/> Delete
NAME	DENSON, W, F, III	
STREET ADDRESS	3215 E BRIARCLIFF RD	
CITY-ST-ZIP	BIRMINGHAM, AL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONINI, M. H.	
STREET ADDRESS	79 FERRIS HILL ROAD	
CITY-ST-ZIP	NEW CANAAN CT	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2933 FAIRWAY DRIVE	
CITY-ST-ZIP	BIRMINGHAM, AL 35213	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

205/298-3153

Daytime Phone #