

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F16058

1. Entity Name
FLORIDA GULF CONSTRUCTION COMPANY



FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90175 018 ***158.75

10017430



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
4863 GUM ROAD
TALLAHASSEE FL 32304

Mailing Address
454 SECOND ST.
P.O. BOX 6275
ALBANY NY 12206
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 6275
Suite, Apt. #, etc.

City & State
Albany, NY

4. FEI Number 14-1622327
Applied For
Not Applicable

Zip Country
12206 US

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

6. Name and Address of Current Registered Agent
PUCILLO, MICHAEL J
321 ROYAL POINCIANA PLAZA SOUTH
PALM BEACH FL 33480

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 _____
or printed name of regi (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANDELL, DANIEL R. ROUTE 2, BARTON HILL ROAD SCHOHARIE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZERONDA, FRANK J 15 LYONS AVE DELMAR NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRANDELL, DANIEL R RT 2 BARTON HILL RD SCHOHARIE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRANDELL, DANIEL R RT 2 BARTON HILL RD SCHOHARIE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HATLEE, THOMAS E. RT. 14, 346-24 GUM RD TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATLEE, THOMAS E RT. 14-346-24 GUM ROAD TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Daniel R. Crandell
Vice President 1/17/03 (518) 435-9665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)