

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90080 033 \*\*\*150.00

**DOCUMENT # F97000000746**  
 1. Entity Name  
**FLORIDA ARCO CONSTRUCTION COMPANY, INC.**

Principal Place of Business 750 S. BRENTWOOD BLVD., #701 ST. LOUIS MO 63144	Mailing Address 1750 S. BRENTWOOD BLVD., #701 ST. LOUIS MO 63144-1343
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>43-1615415</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CCEO	NAME ARNOLDY, RICHARD R	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1750 S. BRENTWOOD BLVD., #701	CITY-ST-ZIP ST. LOUIS MO 63144		STREET ADDRESS	CITY-ST-ZIP	
TITLE DP	NAME COOK, JEFFREY L	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1750 S. BRENTWOOD BLVD., #701	CITY-ST-ZIP ST. LOUIS MO 63144		STREET ADDRESS	CITY-ST-ZIP	
TITLE DVT	NAME HOLSTE, STEPHEN F	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1750 S. BRENTWOOD BLVD., #701	CITY-ST-ZIP ST. LOUIS MO 63144		STREET ADDRESS	CITY-ST-ZIP	
TITLE V	NAME KOMLOS, JOHN A	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1750 S. BRENTWOOD BLVD., #701	CITY-ST-ZIP ST. LOUIS MO 63144		STREET ADDRESS	CITY-ST-ZIP	
TITLE AS	NAME LEWIN, THOMAS G	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1750 S. BRENTWOOD BLVD., #701	CITY-ST-ZIP ST. LOUIS MO 63144		STREET ADDRESS	CITY-ST-ZIP	
TITLE V	NAME BRIDELL, CRAIG A	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1750 S. BRENTWOOD BLVD., #701	CITY-ST-ZIP ST. LOUIS MO 63144		STREET ADDRESS	CITY-ST-ZIP	

3. 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: STEPHEN F. HOLSTE **3-14-00** **314/963-0715**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)