

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003982

1. Entity Name

CLYDE N. LATTIMER & SON CONSTRUCTION CO., INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90058 012 \*\*\*150.00

Principal Place of Business

Mailing Address

228 NORTH ROUTE 73  
BERLIN NJ 08009

228 NORTH ROUTE 73  
BERLIN NJ 08009-9645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2471593

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FRENCH, TED  
% DICKINSON, GIBBONS  
1750 RINGLING BLVD.  
SARASOTA FL 34236

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PD  
NAME LATTIMER, SCOTT R  
STREET ADDRESS 59 GEORGIA TRAIL  
CITY-ST-ZIP MEDFORD NJ 08053 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME GOLDSMITH, KEVIN C  
STREET ADDRESS 1649 SILVER BIRCH ROAD  
CITY-ST-ZIP WILLIAMSTOWN NJ 08094 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME MCGROARTY, JAMES B  
STREET ADDRESS 143 PARKVIEW ROAD  
CITY-ST-ZIP STRATFORD NJ 08084 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME LONG, KIM C  
STREET ADDRESS 1 SHAMROCK LANE  
CITY-ST-ZIP MARLTON NJ 08053 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C  
NAME LATTIMER, CLYDE N  
STREET ADDRESS 1 CRESTVIEW DRIVE  
CITY-ST-ZIP CHERRY HILL NJ 08003 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME PETERSON, THEODORE L  
STREET ADDRESS 107 COUNTRY LANE  
CITY-ST-ZIP SICKLERVILLE NJ 08081 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)