

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78228

1. Entity Name

LUCIAN KRAGIEL, BUILDER, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90031 046 ***158.75

Principal Place of Business

1502 NW 6TH STREET
SUITE A
GAINESVILLE FL 32601

Mailing Address

1502 NW 6TH STREET
SUITE A
GAINESVILLE FL 32601-4018
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2570673

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KRAGIEL, LUCIAN
1502 NW 6TH STREET
GAINESVILLE FL 32601

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.

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	KRAGIEL, LUCIAN	
STREET ADDRESS	3105 NW 38TH ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	REIFEL, ROBERT D.	
STREET ADDRESS	2105 NW 9 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KRAGIEL, GREGORY P.	
STREET ADDRESS	1125 N.W. 36TH ROAD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REIFEL, PATRICIA A.	
STREET ADDRESS	2105 NW 9 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEPHENS, THOMAS	
STREET ADDRESS	102 HOTEL ST	
CITY-ST-ZIP	MELROSE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRECKENRIDGE, KENNETH C.	
STREET ADDRESS	2712 SW 34TH ST., #49	
CITY-ST-ZIP	GAINESVILLE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000

Date

352-378-0521

Daytime Phone #

CR2E034 (9/99)