

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55362

1. Entity Name

ALMAND-DAVIS BUILDERS, INC.

Principal Place of Business

3035 ROBERT OLIVER AVE  
FERNANDINA BEACH FL 32034  
US

Mailing Address

P.O. BOX 15249  
FERNANDINA BEACH FL 32034  
US

2. Principal Place of Business

2974 Park Square Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

Zip

Country

32034

US

4. FEI Number

59-2767419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, CATHY A  
3035 ROBERT OLIVER AVENUE  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name CATHY A. OLIVER

Street Address (P.O. Box Number is Not Acceptable)

2974 Park Square Place

City Fernandina Beach

FL

Zip Code 32034

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

TITLE DP ☐ Delete  
NAME ALMAND-OLIVER, CATHY L.  
STREET ADDRESS 2974 PARK SQUARE PLACE  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE DV ☐ Delete  
NAME DAVIS, TODD F.  
STREET ADDRESS 1934 LAKESIDE DRIVE S.  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE VP ☐ Delete  
NAME OLIVER, JAMES F  
STREET ADDRESS 2974 PARK SQUARE PLACE  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE S ☐ Delete  
NAME DAVIS, LINDA A  
STREET ADDRESS 1934 LAKESIDE DRIVE SOUTH  
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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: C. OLIVER REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/00

Date

(904) 261-4786

Daytime Phone #

CR2E034 (5/00)

FILED  
Aug 28, 2000 8:00 am  
Secretary of State

08-28-2000 90041 010 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE