

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2002 8:00 am**  
**Secretary of State**

07-18-2002 90135 021 \*\*\*\*50.00

**DOCUMENT # L01000004953**

1. Entity Name

**GULF COAST MATERIALS, LLC**

Principal Place of Business

**3600 NATIONAL CITY TOWER  
 LOUISVILLE KY 40202**

Mailing Address

**3600 NATIONAL CITY TOWER  
 LOUISVILLE KY 40202**

2. Principal Place of Business

**3600 NATIONAL CITY TOWER  
 Suite, Apt. #, etc.**

3. Mailing Address

**3600 NATIONAL CITY TOWER  
 Suite, Apt. #, etc.**

City & State

**LOUISVILLE KY**

City & State

**LOUISVILLE KY**

Zip

**40202**

Country

**Jefferson**

Zip

**40202**

Country

**Jefferson**

4. FEI Number

**61-1389969**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SMITH, HOLLIS D  
 500 GENE GREEN ROAD  
 LAUREL FL 34272**

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

Signature of the individual or name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER** ☐ Delete  
 NAME **HOLLIS SMITH**  
 STREET ADDRESS **3600 NATIONAL CITY TOWER**  
 CITY-ST-ZIP **LOUISVILLE KY 40202**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)