

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006078

1. Entity Name

ALLIANCE CONSTRUCTION MATERIALS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:14

Principal Place of Business

600 DECATUR AVENUE
BROOKSVILLE FL 34601

Mailing Address

POST OFFICE BOX 10160
BROOKSVILLE FL 34603-0160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3599821

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MASON, JOSEPH M JR.
101 SOUTH MAIN STREET
BROOKSVILLE FL 34601-3338

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS DOWNES, NICHOLAS J
CITY-ST-ZIP 10057 TWELVE OAKS COURT
SPRING HILL FL 33606 ☐ Delete

TITLE NAME MGR
STREET ADDRESS BRONSON, THOMAS E
CITY-ST-ZIP 24060 DEER RUN ROAD
BROOKSVILLE FL 34601 ☐ Delete

TITLE NAME MGR
STREET ADDRESS GRUBBS, JOHN G
CITY-ST-ZIP 1115 SOUTH MAIN STREET
BROOKSVILLE FL 34601 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
000003121690--6
-02/03/00--01003--013
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

NICHOLAS J. DOWNES JAN 18 2000 352 797947