

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006078

1. Entity Name
ALLIANCE CONSTRUCTION MATERIALS, L.L.C.

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

1115 SOUTH MAIN ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FLORIDA

City & State

Zip

34601

Country

USA

Zip

Country

4. FEI Number

59-3599821

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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

000004194610--4
-05/10/01--01138--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRUBBS, JOHN G
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
☐ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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:

NICHOLAS J. DOWNES

1/17/01

352-796-1912

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

Date

Daytime Phone #

002022 AF

CR2E083 (11/00)

FILED

01 APR 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

HJH