

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004621	
1. Entity Name UNDERGROUND UTILITY CONTRACTORS OF FLORIDA/ANDREW SCOTT JOHNSON MEMORIAL SCHOLARSHIP FOUNDATION,	
Principal Place of Business 231 WEST BAY AVENUE LONGWOOD, FL 32750-4125	Mailing Address 231 WEST BAY AVENUE LONGWOOD, FL 32750-4125



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1733475

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR, ESQ
315 E ROBINSON STREET SUITE 600
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000904287
05/01/08-80006-022 \$1.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, ROBIN J
STREET ADDRESS	604 HILLBRATH DRIVE
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D
NAME	JOHNSON, SCOTT J
STREET ADDRESS	604 HILLBRATH DRIVE
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	D
NAME	KERSHNER, R. BRUCE
STREET ADDRESS	231 WEST BAY AVENUE
CITY-ST-ZIP	LONGWOOD, FL 327504125
TITLE	D
NAME	KINSEL, MARTHA
STREET ADDRESS	920 BANYAN DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

R. Bruce Kershner

4/15/08

Date

407/830-1880

Daytime Phone #