

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004621

FILED
Feb 17, 2009
Secretary of State

Entity Name: UNDERGROUND UTILITY CONTRACTORS OF FLORIDA/ANDREW SCOTT JOHNSON MEMORIAL SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

231 WEST BAY AVENUE
LONGWOOD, FL 327504125

New Principal Place of Business:

Current Mailing Address:

231 WEST BAY AVENUE
LONGWOOD, FL 327504125

New Mailing Address:

FEI Number: 31-1733475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, ROBIN J
Address: 604 HILLBRATH DRIVE
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: JOHNSON, SCOTT J
Address: 604 HILLBRATH DRIVE
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: KERSHNER, R. BRUCE
Address: 231 WEST BAY AVENUE
City-St-Zip: LONGWOOD, FL 327504125

Title: D () Delete
Name: KINSEL, MARTHA
Address: 920 BANYAN DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. BRUCE KERSHNER

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date