

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90166 014 \*\*\*\*61.25

**DOCUMENT # N01000005434**

1. Entity Name

**PLUMBERS AND PIPEFITTERS LOCAL 123 ATTF EDUCATIO  
NAL CORPORATION, INC.**

Principal Place of Business

Mailing Address

**3601 N MCINTOSH RD  
DOVER FL 33527**

**3601 N MCINTOSH RD  
DOVER FL 33527**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Same as above**

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**33527**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENABLE, W. ERIC  
7402 N 56TH ST  
TAMPA FL 33617**

Name

**Same as #6.**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **CRAIG, JOHN**  
STREET ADDRESS **PO BOX 60268**  
CITY-ST-ZIP **ST PETERSBURG FL 33784-0268**

TITLE **D** ☐ Change ☒ Addition  
NAME **Bob Gregory**  
STREET ADDRESS **6011 Benjamin Road, #106**  
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **D** ☒ Delete  
NAME **SANCHEZ, PHIL**  
STREET ADDRESS **PO BOX 1295**  
CITY-ST-ZIP **DADE CITY FL 33526-1295**

TITLE **D** ☐ Change ☒ Addition  
NAME **Roger Thayer, Sr.**  
STREET ADDRESS **11801 Shadow Run Blvd.**  
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **D** ☒ Delete  
NAME **TAYLOR, PRESTON**  
STREET ADDRESS **1001 E BAKER ST, STE 202**  
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☐ Change ☒ Addition  
NAME **Cliff May**  
STREET ADDRESS **1609 Rambling Vine Drive, E.**  
CITY-ST-ZIP **Tampa, FL 33624**

TITLE **D** ☒ Delete  
NAME **VARNUM, JERRY**  
STREET ADDRESS **PO DRAWER 777**  
CITY-ST-ZIP **LITHIA FL 33547**

TITLE **D** ☐ Change ☒ Addition  
NAME **Larry Utt**  
STREET ADDRESS **3601 N. McIntosh Road**  
CITY-ST-ZIP **Dover, FL 33527**

TITLE **D** ☒ Delete  
NAME **KAMPRATH, TOM**  
STREET ADDRESS **PO BOX 5848**  
CITY-ST-ZIP **SUN CITY CENTER FL 33571-5848**

TITLE **D** ☐ Change ☒ Addition  
NAME **Randy Gandy**  
STREET ADDRESS **3601 McIntosh Road**  
CITY-ST-ZIP **Dover, FL 33527**

TITLE **D** ☒ Delete  
NAME **SCOTT, JASPER**  
STREET ADDRESS **PO BOX 1416**  
CITY-ST-ZIP **PINELLAS PK FL 33780-1416**

TITLE **D** ☐ Change ☒ Addition  
NAME **Richard Dickenson, c/o John J. Kirlin, In**  
STREET ADDRESS **3102 Cherry Palm Drive, Tampa, FL**  
CITY-ST-ZIP **33619**

12. 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 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02**

(813) 323-7243

Date

Daytime Phone #

CR2E037 (9/01)