

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

01-29-2003 90158 027 ****61.25

1/2

DOCUMENT # N02000001200

1. Entity Name

**ROOFING CONTRACTORS ASSOCIATION OF SOUTH FLORIDA
INC.**



Principal Place of Business

Mailing Address

P.O. BOX 291416
DAVIE FL 33329-1416

P.O. BOX 291416
DAVIE FL 33329-1416

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

01-0608944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCLAUGHLIN, GREGORY A ESQ.
C/O TRIPP SCOTT, P.A.
110 S.E. 6TH STREET, 15TH FLOOR
FORT LAUDERDALE FL 33301**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	BARON, JOHN	STREET ADDRESS	2270 WEST 78TH STREET	CITY-ST-ZIP	HIALEAH FL 33018	<input type="checkbox"/> Delete
TITLE	D	NAME	MURTON, JIM	STREET ADDRESS	7860 NW 67TH STREET	CITY-ST-ZIP	MIAMI FL 33168	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	RODRIGUEZ, MARCIAL	STREET ADDRESS	2730 WEST 78TH STREET	CITY-ST-ZIP	HIALEAH FL 33018	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	BUCKHOLD, GEORGE JR.	STREET ADDRESS	915 N. 16TH COURT, #8	CITY-ST-ZIP	HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	FOOTE, ROB	STREET ADDRESS	1314 E. ATLANTIC BLVD.	CITY-ST-ZIP	POMPANO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	NAME	JIM FLETT	STREET ADDRESS	2020 THOMAS ST	CITY-ST-ZIP	HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	NAME	MARK ZEHNAL	STREET ADDRESS	10460 SW 187 TERR	CITY-ST-ZIP	MIAMI FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P	NAME	BILL CONE	STREET ADDRESS	201 NW 12TH AVE	CITY-ST-ZIP	POMPANO BEACH FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1-23-03

951-587-5040

Date

Daytime Phone

CR2E037 (10/02)