

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03164

1. Entity Name

FLORIDA SUNCOAST CHAPTER OF AMERICAN CONCRETE IN

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90013 042 ****61.25

Principal Place of Business

ALPERT, BARKER & CALCUTT, PA
100 S ASHLEY DR. STE 2000
TAMPA, FL 33602
US

Mailing Address

ALPERT, BARKER & CALCUTT, PA
100 S ASHLEY DR. STE 2000
TAMPA FL 33602
US

2. Principal Place of Business

RMC Ewell, Inc.

Suite, Apt. #, etc.
6302 N. 56TH ST.

City & State
TAMPA FL

Zip
33610

Country
Hillsborough

3. Mailing Address

RMC Ewell, Inc.

Suite, Apt. #, etc.
6302 N. 56TH ST.

City & State
TAMPA FL

Zip
33610

Country
Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2402855

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALPERT, JONATHAN L ESQ
STE 2000, ASHLEY TOWER
100 S ASHLEY DR
TAMPA FL 33602

JERRY McBRIDE
RMC Ewell, Inc
6302 N. 56TH ST
TAMPA, FL 33610

7. Name and Address of New Registered Agent

Name
JERRY McBRIDE

Street Address (P.O. Box Number is Not Acceptable)
RMC Ewell, Inc.

6302 N. 56TH ST.

City
TAMPA FL Zip Code
33610

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.

JERRY McBRIDE, SECRETARY

9/8/00

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DICKENS, BILL 6503 MONTEREY DRIVE TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President FARRIS, DONALD 101 E KENNEDY BLVD, #3100 TAMPA FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREIRA, AMANDA 5801 BENJAMIN CENTER DR #112 TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIMPERT, PAT 4919 W LAUREL ST TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCBRIDE, JERRY 6302 NORTH 56TH STREET TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANIQUEZ, LUIS1 5909 BRECKENRIDGE PKWY #B TAMPA FL 33610	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President FARRIS, DONALD 101 E KENNEDY BLVD, #3100 TAMPA FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREIRA, AMANDA 810 E MAIN STREET BARTOW, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TRIMPERT, PAT 4919 W. LAUREL STREET TAMPA FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MCBRIDE, JERRY 6302 NORTH 56TH ST. TAMPA, FL 33610	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RON TERRELLONGE 9117 FLORIDA MINING BLVD. TAMPA, FL 33634	<input type="checkbox"/> Change <input checked="" 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:

JERRY McBRIDE

JERRY McBRIDE

9/8/00

(813) 623-3524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 67210

CR2E037 (5/00)