

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90013 046 ****61.25

DOCUMENT # N03164

1. Entity Name

FLORIDA SUNCOAST CHAPTER OF AMERICAN CONCRETE IN

Principal Place of Business

Mailing Address

RMC EWELL, INC.
6302 N 56TH STREET
TAMPA FL 33610
US

RMC EWELL, INC.
6302 N 56TH STREET
TAMPA FL 33610
US

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

59-2402855

Applied For

Not Applicable

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

MCBRIDE, JERRY M
RMC EWELL, INC
6302 N 56TH STREET
TAMPA FL 33610

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.

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMOS, JOE	
STREET ADDRESS	3925 COCONUT PALM DR.	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRAVANI, SAID	
STREET ADDRESS	14025 RIVEREDGE DRIVE, SUITE 280	
CITY-ST-ZIP	TAMPA, FL 33637	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	METHFESSEL	
STREET ADDRESS	6296 EVERGREEN AVE.	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMPERT, PAT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE JERRY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, BOBBY	
STREET ADDRESS	8419 SAGAL INDUSTRIAL BLVD.	
CITY-ST-ZIP	TAMPA, FL 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] Vice President

1/16/01

(813) 623-3524 EXT 210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)