

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90264 050 \*\*\*\*61.25

**DOCUMENT # N12257**

1. Entity Name

**MID FLORIDA UTILITIES & TRANSPORTATION CONTRACTO**

Principal Place of Business

231 WEST BAY AVENUE  
 LONGWOOD FL 32750-4125  
 US

Mailing Address

231 WEST BAY AVENUE  
 LONGWOOD FL 32750-4125  
 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

**59-0796488**

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

**KERSHNER, R. BRUCE**  
**231 WEST BAY AVENUE**  
**LONGWOOD FL 32750-4125**

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** ☒ Delete  
 NAME **BARE, KEN**  
 STREET ADDRESS **2170 STATE ROAD 434 WEST, SUITE 130**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE **Vice President** ☒ Change ☐ Addition  
 NAME **Fred Spielmann**  
 STREET ADDRESS **990 Miller Drive**  
 CITY-ST-ZIP **Altamonte Springs, -FL**

TITLE **VP** ☐ Delete  
 NAME **RAUCCI, JOE**  
 STREET ADDRESS **172 WEST FOURTH STREET**  
 CITY-ST-ZIP **APOPKA FL 32704**

TITLE **President/Director** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD** ☐ Delete  
 NAME **REED, CHUCK**  
 STREET ADDRESS **590 FERGUSON DRIVE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PP** ☒ Delete  
 NAME **ERICKSON, DAVE**  
 STREET ADDRESS **7285 ESTAPONE CIR**  
 CITY-ST-ZIP **FERN PARK FL 32730**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ETHERIDGE, SAM**  
 STREET ADDRESS **3333 OLD WINTER GARDEN ROAD**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **SHUMAN, DAVE**  
 STREET ADDRESS **1936 LEE RD**  
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **Past President** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Dave Shuman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Past President**

**4/23/01**

**407/831-6010**

Date

Daytime Phone #

CR2E037 (10/00)