

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90197 027 ****61.25

DOCUMENT # N12257

1. Entity Name

MID FLORIDA UTILITIES & TRANSPORTATION CONTRACTORS ASSOCIATION, INC.



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

☐ CHECK HERE IF MAKING CHANGES



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. 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. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
NAME **CUNNINGHAM, JIM**
STREET ADDRESS **300 N CR 427 STE 309**
CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **President** ☒ Change ☐ Addition
NAME **Cunningham, Jim**
STREET ADDRESS **300 Ronald Reagan Boulevard, #309**
CITY-ST-ZIP **Longwood, FL 32750**

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

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

TITLE **ST** ☐ Delete
NAME **GOTSIS, CHERYL**
STREET ADDRESS **401 FERGUSON DRIVE**
CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE **ED** ☐ Delete
NAME **KERSHNER, R BRUCE**
STREET ADDRESS **231 WEST BAY AVENUE**
CITY-ST-ZIP **LONGWOOD FL 32750-4125**

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 **PP** ☒ Delete
NAME **SHUMAN, DAVE**
STREET ADDRESS **1936 LEE RD**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Worischek, Chuck**
STREET ADDRESS **2601 Maitland Center Parkway**
CITY-ST-ZIP **Maitland, FL 32751-4110**

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:

R. Bruce Kershner

4/22/03

407/831-6010

CR2E037 (10/02)