

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90028 010 ****70.00

DOCUMENT # N14862

1. Entity Name

ASSOCIATIONS OF BUILDERS AND CONTRACTORS INSTITU

Principal Place of Business

4700 NW 2ND AVE
BOCA RATON FL 33431
US

Mailing Address

4700 NW 2ND AVE
BOCA RATON FL 33431
US

2. Principal Place of Business

3730 COCONUT CREEK PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE 201

City & State

City & State
COCONUT CREEK, FLORIDA

Zip

Country

Zip

Country

33066

US

4. FEI Number

59-2714096

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, DWIGHT L.
4700 NW 2ND AVENUE
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3730 COCONUT CREEK PARKWAY

SUITE 201

City

COCONUT CREEK

FL

Zip Code
33060

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.

DWIGHT L. FOSTER

(NOTE: Registered Agent signature required when reinstating)

MARCH 1, 2001

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	STRATON, JIM	
STREET ADDRESS	7546 ENTERPRISE DR	
CITY-ST-ZIP	WPB FL 33404	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRADFORD, MIKE	
STREET ADDRESS	7950 S MILITARY TR., STE 105	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFIN, WARREN	
STREET ADDRESS	10850 SE LENNARD ROAD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KATULKA, MICHAEL A	
STREET ADDRESS	3949 SW 12TH COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	M	<input type="checkbox"/> Delete
NAME	FOSTER, DWIGHT	
STREET ADDRESS	4700 NW 2 AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, CHARLES I SR	
STREET ADDRESS	4700 NW 2ND AVE	
CITY-ST-ZIP	BOCA RATON FL 33431	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL J. DEL VECCHIO	
STREET ADDRESS	1181 S. ROGERS CIRCLE #22	
CITY-ST-ZIP	BOCA RATON, FLORIDA 33487	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM STRATTON	
STREET ADDRESS	7546 ENTERPRISE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3730 COCONUT CREEK PARKWAY	
CITY-ST-ZIP	COCONUT CREEK, FLORIDA 33066	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3730 COCONUT CREEK PARKWAY	
CITY-ST-ZIP	COCONUT CREEK, FLORIDA 33066	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1, 2001

Date

954-984-0075

Daytime Phone #

CR2E037 (10/00)