

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 19, 2001 08:00 AM****Secretary of State****DOCUMENT # N14862**

1. Entity Name ASSOCIATIONS OF BUILDERS AND CONTRACTORS INSTITUTE, INC.			
Principal Place of Business 3730 COCONUT CREEK PARKWAY, SUITE #201 COCONUT CREEK FL 33066 US		Mailing Address 4700 NW 2ND AVE BOCA RATON FL 33431 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State COCONUT CREEK FL		4. FEI Number 59-2714096	
Zip 33066		Country US	
6. Name and Address of Current Registered Agent FOSTER, DWIGHT L. 3730 COCONUT CREEK PARKWAY, SUITE #201 COCONUT CREEK FL 33060		7. Name and Address of New Registered Agent Name FOSTER DWIGHT L. 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 DWIGHT L. FOSTER <small>Signature, typed or printed name of registered agent and title if applicable.</small>		06/19/2001 <small>DATE</small>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME DAVIS CHARLES ISR STREET ADDRESS 3730 COCONUT CREEK PARKWAY, SUITE #201 CITY-ST-ZIP COCONUT CREEK FL 33066 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE D NAME KATULKA MICHAEL A STREET ADDRESS 3949 SW 12TH COURT CITY-ST-ZIP FT LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KATULKA MICHAEL A STREET ADDRESS 3949 SW 12TH COURT CITY-ST-ZIP FT LAUDERDALE FL 33312
TITLE M NAME FOSTER, DWIGHT STREET ADDRESS 3730 COCONUT CREEK PARKWAY, SUITE #201 CITY-ST-ZIP COCONUT CREEK FL 33066 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE D NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952
TITLE TD NAME KATULKA MICHAEL A STREET ADDRESS 3949 SW 12TH COURT CITY-ST-ZIP FT LAUDERDALE FL 33312 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME KATULKA MICHAEL A STREET ADDRESS 3949 SW 12TH COURT CITY-ST-ZIP FT LAUDERDALE FL 33312	TITLE D NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952
TITLE SD NAME GRIFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952	TITLE D NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952
TITLE CD NAME DEL VECCHIO PAUL J STREET ADDRESS 1181 SOUTH ROGERS CIRCLE #22 CITY-ST-ZIP LAKE WORTH FL 33463 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DEL VECCHIO PAUL J STREET ADDRESS 1181 SOUTH ROGERS CIRCLE #22 CITY-ST-ZIP LAKE WORTH FL 33463	TITLE D NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952
TITLE PD NAME STRATTON JIM STREET ADDRESS 7546 ENTERPRISE DR CITY-ST-ZIP WPB FL 33404 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STRATTON JIM STREET ADDRESS 7546 ENTERPRISE DR CITY-ST-ZIP WPB FL 33404	TITLE D NAME GRIFFIN WARREN STREET ADDRESS 10850 SE LENNARD ROAD CITY-ST-ZIP PORT ST LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STRATTON JIM STREET ADDRESS 7546 ENTERPRISE DR CITY-ST-ZIP WPB FL 33404

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: PAUL J. DEL VECCHIO P 06/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)