

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27351

1. Entity Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF NORTHWEST

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90063 029 ****61.25

Principal Place of Business
5880 NO PENSACOLA BLVD
P.O. BOX 19115
PENSACOLA FL 32523
US

Mailing Address
5880 NO PENSACOLA BLVD
P.O. BOX 19115
PENSACOLA FL 32523-9115
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 **59-2911963**

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

STROEHL, JAMIE
5880 NO PENSACOLA BLVD
PENSACOLA FL 32505

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 ☐ Delete
NAME **D MOORE, DON**
STREET ADDRESS **1441 FAIRCHILD STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
NAME **P WOODY WATTERS**
STREET ADDRESS **3701 N. Palabay Street**
CITY-ST-ZIP **Pensacola, Florida 32505**

TITLE ☒ Delete
NAME **V MAYNE, BILL**
STREET ADDRESS **4904 WEST SPENCER FIELD RD.**
CITY-ST-ZIP **PACE FL**

TITLE ☒ Change ☐ Addition
NAME **V Bill Crofts**
STREET ADDRESS **3605 N. Davis Hwy**
CITY-ST-ZIP **Pensacola, Florida 32503**

TITLE ☒ Delete
NAME **S TAGHON, KIM**
STREET ADDRESS **9415 WAHITA DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
NAME **S Missy Atchison**
STREET ADDRESS **900 Industrial Ct.**
CITY-ST-ZIP **Pensacola, Florida 32505**

TITLE ☒ Delete
NAME **T SPEER, TOM**
STREET ADDRESS **1001 MAIN STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ Change ☐ Addition
NAME **T Phil Harris**
STREET ADDRESS **6665 Chumuckla Highway**
CITY-ST-ZIP **Pace, Florida 32571**

TITLE ☒ Delete
NAME **D MCCOMBS, MIKE**
STREET ADDRESS **5217 HIGHWAY 90**
CITY-ST-ZIP **PACE FL**

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

TITLE ☐ Delete
NAME **D BRADLEY, JIMMY**
STREET ADDRESS **3280 WEST SCOTT STREET**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ 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: **Woody Watters**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

Daytime Phone #

CR2E037 (9/99)