2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 07, 2000 8:00 am Secretary of State DOCUMENT # N28323 (ORIGINAL NEVER RECEIVED) 1. Entity Name First Coast Chapter American Subcontractors 07-07-2000 90461 039 \*\*\*\*61.25 Association, Inc. Principal Place of Business Mailing Address c/o Harold S. Lippes c/o Harold S. Lippes 1301 Riverplace Blvd. 1301 Riverplace Blvd. Suite 1818 00068212 Suite 1818 Jacksonville, FL 32207 Jacksonville, FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEt Number 59-2958731 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lippes, Harold S. 1301 Riverplace Blvd., Suite 1818 Street Address (P.O. Box Number is Not Acceptable) Jacksonville, FL 32207 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ☐ Delete TITI F Change Fouraker, Bill 524 Stockton Street NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, FL 32204 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE VP NAME NAME Stauss, Brian STREET ADDRESS STREET ADDRESS 5021 Stepp Avenue CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville, FL 32216</u> Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME Burt, Robert STREET ADDRESS STREET ADDRESS 326 Mill Creek Road CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32245 ☐ Delete TITLE Atkins, Charles ☐ Change ☐ Addition TITLE NAME 817 N. Main Street Jacksonville, FL 32226 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME DeBerry, Kim NAME STREET ADDRESS STREET ADDRESS 13619 N. Main Street CITY-ST-ZIP CITY-ST-7IP Jacksonville, FL 32226 Addition Change TIT! F ☐ Defete TITLE Thomas, Theodore NAME NAME STREET ADDRESS 130 S. Jackson St. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville, FL 32220</u> 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 of 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: |

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/00

HHACKMENT OH NO8333 DW682/2

## BLEDSOE, SCHMIDT, LIPPES, MOONLY & ROBERSON, P.A.

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June 28, 2000

Division of Corporations State of Florida P.O. Box 6327 Tallahassee, FL 32314

Re:

Non-Profit Corporation Annual Report 2000

First Coast Chapter American Subcontractors Association, Inc.

Dear Sir or Madam:

Enclosed is the completed Non-Profit Corporation Annual Report for First Coast Chapter American Subcontractors Association, Inc. along with the required fee of \$61.25. It is our understanding that the original forms for all Florida corporations were sent from your office in January, but the form was never received by First Coast Chapter American Subcontractors Association, Inc.

Thank you for your assistance in filing this report.

Very truly yours

Harold S. Lippes

HSL/ccv Enclosure