

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90135 040 \*\*\*\*61.25

**DOCUMENT # N29117**

1. Entity Name

**AMERICAN SUBCONTRACTORS ASSOCIATION OF SOUTHWEST**

Principal Place of Business

Mailing Address

1311 S.E. 21ST TERRACE  
 CAPE CORAL FL 33990  
 US

P O BOX 9268  
~~P O BOX 60068~~ delete  
 FT. MYERS FL 33902-9268  
 US

**701411**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**P.O. Box 9268**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0085710**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARR, DEBRA L**  
**1311 SE 21ST TERRACE**  
**CAPE CORAL FL 33990**

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

*Debra L Carr*

*01/10/00*

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: **D**  Delete  
 NAME: **HONC, VINCE**  
 STREET ADDRESS: **1130 PONDELL RD**  
 CITY-ST-ZIP: **N FORT MYERS FL 33903**

TITLE: **D**  Change  Addition  
 NAME: **Gay Thompson**  
 STREET ADDRESS: **P.O. Box 823**  
 CITY-ST-ZIP: **Fort Myers, FL 33902-0823**

TITLE: **D**  Delete  
 NAME: **PRICE, KAREN**  
 STREET ADDRESS: **2355 E MALL DR**  
 CITY-ST-ZIP: **FT MYERS FL 33901**

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

TITLE: **PD**  Delete  
 NAME: **THOMAS, ROBERT C**  
 STREET ADDRESS: **3861 EDWARD ST**  
 CITY-ST-ZIP: **FT. MYERS FL**

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

TITLE: **D**  Delete  
 NAME: **BERGER, JOHN**  
 STREET ADDRESS: **11505-25 CHARLIES TERR**  
 CITY-ST-ZIP: **FT MYERS FL 33907**

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

TITLE: **D**  Delete  
 NAME: **HUBBS, MIRANDA**  
 STREET ADDRESS: **2970 CARGO ST**  
 CITY-ST-ZIP: **FT. MYERS FL 33906**

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

TITLE: **D**  Delete  
 NAME: **MILANO, ROBERT**  
 STREET ADDRESS: **5370 CONGO ST**  
 CITY-ST-ZIP: **CAPE CORAL FL 33904**

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:

*Debra L Carr*

*Debra L Carr*

*01/10/00*

*941-772-5531*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)