

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29117

1. Entity Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF SOUTHWEST

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

P.O. Box 9268

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0085710

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Date

Daytime Phone #

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

01-18-2000 90135 040 ***61.25

701411



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)