

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33056

1. Entity Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF FLORIDA.

Principal Place of Business

Mailing Address

466 94TH AVE N
ST PETERSBURG FL 33702
US

466 94TH AVE N
ST PETERSBURG FL 33702-2522
US

2. Principal Place of Business

4509 George Rd

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-2710473

Applied For

Not Applicable

Zip

33634

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, CHERYL
466 94TH AVE N
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name Cecily Ferm - Gms Group

Street Address (P.O. Box Number is Not Acceptable)

4509 George Rd

City

Tampa FL

FL

Zip Code

33634

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

Cecily L. Ferm.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-00

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

TITLE PD
NAME DOYLE, GREG
STREET ADDRESS 6251 44TH ST N #1921
CITY-ST-ZIP PINELLAS PARK FL 34665 ☐ Delete

TITLE VD
NAME BUTTER, BILL
STREET ADDRESS 2140 BROADWAY
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

TITLE TD
NAME THOMAS, ROBERT
STREET ADDRESS 3861 EDWARDS ST
CITY-ST-ZIP FT MYERS FL 33916 ☐ Delete

TITLE SD
NAME TAPPOUNI, MICHELLE
STREET ADDRESS 9440 SIDNEY HAYES ROAD
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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

Greg Doyle

4-2-00

813-885-4641

Date

Daytime Phone #

CR2E037 (9/99)