

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90051 005 ****70.00

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

4. FEI Number

59-2710473

Applied For

Not Applicable

Zip

Country

33634

Hillsborough

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

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

Name **Cecily Ferm - Gms Group**

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

4509 George Rd

City **Tampa FL**

FL **33634** 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Greg Doyle
 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)