

2001 UNIFORM BUSINESS REPORT (UBR)

57

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-07-2001 90028 046 ****61.25

DOCUMENT # N33056

1. Entity Name

AMERICAN SUBCONTRACTORS ASSOCIATION OF FLORIDA,

Principal Place of Business

Mailing Address

4509 GEORGE RD.
 TAMPA FL 33634
 US

4509 GEORGE RD.
 TAMPA FL 33634
 US

47757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2710473

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

FERM, CECILY
 4509 GEORGE RD
 TAMPA FL 33634

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 PD Delete
 NAME DOYLE, GREG
 STREET ADDRESS 6251 44TH ST N #1921
 CITY-ST-ZIP PINELLAS PARK FL 34685

TITLE Past President PPD Change Addition
 NAME Doyle, Greg
 STREET ADDRESS 6251 44th Street North #1921
 CITY-ST-ZIP PINELEAS, PARK; FL 33781

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

TITLE VICE President VD Change Addition
 NAME Jack Wilde
 STREET ADDRESS 12600 Automobile Blvd.
 CITY-ST-ZIP Tampa, LFL 33762

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

TITLE President PD Change Addition
 NAME Robert Thomas
 STREET ADDRESS 3861 Edwards Street
 CITY-ST-ZIP Ft. Myers, FL 33916

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

TITLE Secretary SD Change Addition
 NAME Gay Thompson
 STREET ADDRESS P.O. BOX 823
 CITY-ST-ZIP Ft. Myers, FL 33902

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Treasurer TD Change Addition
 NAME Paul Lutka
 STREET ADDRESS 1540 Aber Road
 CITY-ST-ZIP Orlando, FL 32807

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: _____

Signature ROBERT THOMAS 4-27-01

941-694-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)