

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90002 021 ****61.25

DOCUMENT # N50666

1. Entity Name

FLORIDA ASSOCIATED GENERAL CONTRACTORS FOR BETTE ✓

Principal Place of Business

Mailing Address

304 N. MERIDIAN ST.
 STE. 1
 TALLAHASSEE FL 32301
 US

P.O. BOX 10569
 TALLAHASSEE FL 32302
 US

2. Principal Place of Business

3. Mailing Address

200 W. College Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

City & State

City & State

Tallahassee FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
32301

Country
USA

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

DOUGLAS, R. ALLEN
304 N. MERIDIAN ST.
STE. 1
TALLAHASSEE FL 32301

Name

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

200 W. College Ave
Suite 205

City

Tallahassee

FL

Zip Code

32301

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

Allen Douglas **Allen Douglas**

7/24/00

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

After September 13, 2000 min. will be \$236.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	DOUGLAS, R. ALLEN	304 N. MERIDIAN ST.	TALLAHASSEE FL 32301	<input type="checkbox"/>
PD	RASCHE, JIM	2201 LUCIEN WAY STE 29	MAITLAND FL 32751	<input checked="" type="checkbox"/>
VD	HEDRICK, DALE	110 TECHNOLOGY PI STE 122	WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		200 W. College Ave Ste 205	Tallahassee FL 32301	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Dale Hedrick	110 Technology Place Ste 122	West Palm Beach FL 33407	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	James Cummings	3575 NW 53rd St.	Ft. Lauderdale, FL 33309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Larry Gerwig	620 Drew St.	Clearwater FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Allen Douglas **Allen Douglas**

7/24/00

850 222 2421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1:07 (1/00)