

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90074 037 \*\*\*\*61.25

**DOCUMENT # N50666**

1. Entity Name

**FLORIDA ASSOCIATED GENERAL CONTRACTORS FOR BETTE**

Principal Place of Business

200 W COLLEGE AVE  
 STE 205  
 TALLAHASSEE FL 32301  
 US

Mailing Address

P.O. BOX 10569  
 TALLAHASSEE FL 32302  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOUGLAS, R. ALLEN**  
**200 W COLLEGE AVE**  
**STE 205**  
**TALLAHASSEE FL 32301**

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

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>200 W. College Ave Ste 205</b>	
CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James A. Cummings</b>	
STREET ADDRESS	<b>3575 NW 53rd St.</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale FL 33309</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Larry Gerwig</b>	
STREET ADDRESS	<b>620 Drew St.</b>	
CITY-ST-ZIP	<b>Clearwater FL 33755</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/14/01

850 222 2421

Date

Daytime Phone #

CR2E037 (10/00)