

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90086 048 ****61.25

DOCUMENT # N93000000208

1. Entity Name

ASSOCIATED BUILDERS AND CONTRACTORS, FLORIDA'S F

Principal Place of Business

Mailing Address

5944 RICHARD ST
JACKSONVILLE, FL 32216
US

5944 RICHARD ST
JACKSONVILLE FL 32216
US

2. Principal Place of Business

6900 Southpoint Dr. N.

3. Mailing Address

6900 Southpoint Dr. N.

Suite, Apt. #, etc.

Ste. 120

Suite, Apt. #, etc.

Ste. 120

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3145713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DYKHUISEN, GERALD A
5944 RICHARD STREET
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: Dan Haskell
Street Address (P.O. Box Number is Not Acceptable):
6900 Southpoint Dr. N.
Ste 120
City: Jacksonville FL Zip Code: 32216

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

4/30/01

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	<input checked="" type="checkbox"/> Delete
NAME	GAJEWSKI, JIM	
STREET ADDRESS	4501 BEVERLY AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TRAER, WILLIAM	
STREET ADDRESS	8810 GOODBY'S EXECUTIVE DR, STE C	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTON, JOHN	
STREET ADDRESS	111 RIVERSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JONES, CARLTON	
STREET ADDRESS	600 WHARFSIDE WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCURDY, D. STAN	
STREET ADDRESS	5267 COMMONWEALTH AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEYER, DAVID	
STREET ADDRESS	5772 TIMUQUANA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON STEADMAN	
STREET ADDRESS	701 W ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL HOFFMAN	
STREET ADDRESS	4168 Southpoint Parkway Suite 101	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rob Wells	
STREET ADDRESS	2900 HARTLEY RD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVE SPENCER	
STREET ADDRESS	4856 VICTOR ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ron Pellum	
STREET ADDRESS	5150 BELFORT RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB COLLIER	
STREET ADDRESS	4607 Salisbury Rd Suite 123	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

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

Date

Daytime Phone #

CR2E037 (10/00)