

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90118 050 \*\*\*\*61.25

**DOCUMENT # N93000000208**

1. Entity Name

**ASSOCIATED BUILDERS AND CONTRACTORS, FLORIDA'S FIRST COAST CHAPTER, INC.**

Principal Place of Business

Mailing Address

**6900 SOUTHPOINT DR N STE 120  
 JACKSONVILLE FL 32216  
 US**

**6900 SOUTHPOINT DR N STE 120  
 JACKSONVILLE FL 32216  
 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 **59-3145713**

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

**HASKELL, DAN  
 6900 SOUTHPOINT DR N STE 120  
 JACKSONVILLE FL 32216**

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/15/02*  
 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>P</b>                                  | <input type="checkbox"/> Delete |
| NAME           | <b>STEADMAN, GORDON</b>                   |                                 |
| STREET ADDRESS | <b>701 W ADAMS ST</b>                     |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32204</b>              |                                 |
| TITLE          | <b>VP</b>                                 | <input type="checkbox"/> Delete |
| NAME           | <b>HOFFMAN, PAUL</b>                      |                                 |
| STREET ADDRESS | <b>4618 SOUTH POINT PARKWAY SUITE 101</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32216</b>              |                                 |
| TITLE          | <b>VP</b>                                 | <input type="checkbox"/> Delete |
| NAME           | <b>WELLS, ROB</b>                         |                                 |
| STREET ADDRESS | <b>2900 HARTLEY ROAD</b>                  |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32257</b>              |                                 |
| TITLE          | <b>D</b>                                  | <input type="checkbox"/> Delete |
| NAME           | <b>SPENCER, DAVE</b>                      |                                 |
| STREET ADDRESS | <b>4856 VICTOR ST</b>                     |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32207</b>              |                                 |
| TITLE          | <b>T</b>                                  | <input type="checkbox"/> Delete |
| NAME           | <b>PELLUM, RON</b>                        |                                 |
| STREET ADDRESS | <b>5150 BELFORT ROAD</b>                  |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32256</b>              |                                 |
| TITLE          | <b>D</b>                                  | <input type="checkbox"/> Delete |
| NAME           | <b>COLLIE, BOB</b>                        |                                 |
| STREET ADDRESS | <b>4607 SALISBURY ROAD SUITE 193</b>      |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32258</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    |   |
| 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    |   |
| 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 REQUIRED**

*1/15/02* (904) 353-6500

CR2E037 (9/01)