

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000000208**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

**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**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	STEADMAN, GORDON	
STREET ADDRESS	701 W ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	HOFFMAN, PAUL	
STREET ADDRESS	4618 SOUTH POINT PARKWAY SUITE 101	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	WELLS, ROB	
STREET ADDRESS	2900 HARTLEY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, DAVE	
STREET ADDRESS	4856 VICTOR ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	PELLUM, RON	
STREET ADDRESS	5150 BELFORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIE, BOB	
STREET ADDRESS	4607 SALISBURY ROAD SUITE 193	
CITY-ST-ZIP	JACKSONVILLE FL 32258	

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

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

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



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)