

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90100 014 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

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

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Dan Haskell* DATE: **3/25/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" 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>P</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>D</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>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARNOLD TRITZ JR</b>	
STREET ADDRESS	<b>707 PENINSULAR PLACE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</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		

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: *Paul Hoffman*

3/21/03

904-246-2555  
904-246-7584

CR2E037 (10/02)