

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90013 001 \*\*\*\*61.25

DOCUMENT # N93000000913

1. Entity Name

AMERICAN CONCRETE INSTITUTE, FLORIDA GULF CHAPTE

Principal Place of Business

Mailing Address

12381 CLEVELAND AVE  
 204  
 FORT MYERS FL 33907  
 US

12381 CLEVELAND AVE  
 204  
 FORT MYERS FL 33907  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 367084

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs, FL

4. FEI Number

65-0389881

Applied For

Not Applicable

Zip

Country

Zip

Country

34134

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

HAYES, TIM  
 12381 CLEVELAND AVE  
 SUITE 204  
 FORT MYERS FL 33907

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

2-12-2001

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	DP	<input type="checkbox"/> Delete
NAME	BROOKS, DARRIN	
STREET ADDRESS	4406 PROGRESS AVE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAYES, TIM	
STREET ADDRESS	12381 CLEVELAND AVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	JERAY, DAN	
STREET ADDRESS	227 PEARL ST.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, KEVIN	
STREET ADDRESS	822 PRODUCTION CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS FL 34133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRIN BROOKS	
STREET ADDRESS	4406 PROGRESS AVE	
CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM HAYES	
STREET ADDRESS	P.O. Box 1777	
CITY-ST-ZIP	BONITA SPRINGS, FL 34133	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID ZULIAN	
STREET ADDRESS	5150 N. TAMM TRAIL #602	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL BIBBER	
STREET ADDRESS	1698 SW 14TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER PACITTO	
STREET ADDRESS	5811 CORP. CIRCLE	
CITY-ST-ZIP	FL MYERS, FL 33905	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL KWANF	
STREET ADDRESS	PO Box 4727	
CITY-ST-ZIP	N. FT MYERS, FL 33918	

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~~  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Bibber 2-2-01 954 3280837

Date

Daytime Phone #

CR2E037 (10/00)