

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

12381 CLEVELAND AVE
 204
 FORT MYERS FL 33907
 US

Mailing Address

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

Zip

Country

Zip

Country

34134

4. FEI Number

65-0389881

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

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **BROOKS, DARRIN**
 CITY-ST-ZIP **4406 PROGRESS AVE**
NAPLES FL 33942

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **DARRIN BROOKS**
 CITY-ST-ZIP **4406 PROGRESS AVE**
NAPLES, FL 33942

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **HAYES, TIM**
 CITY-ST-ZIP **12381 CLEVELAND AVE**
FORT MYERS FL 33907

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **TIM HAYES**
 CITY-ST-ZIP **P.O. Box 1777**
BONITA SPRINGS, FL 34133

TITLE ☒ Delete
 NAME **DVP**
 STREET ADDRESS **JERAY, DAN**
 CITY-ST-ZIP **227 PEARL ST.**
AUBURNDALE FL 33823

TITLE ☐ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **DAVID ZULIAN**
 CITY-ST-ZIP **5150 N. TAMM TRAIL #602**
NAPLES, FL 34103

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WHEELER, KEVIN**
 CITY-ST-ZIP **822 PRODUCTION CIRCLE**
BONITA SPRINGS FL 34133

TITLE ☐ Change ☒ Addition
 NAME **S**
 STREET ADDRESS **PAUL BIBBER**
 CITY-ST-ZIP **1698 SW 14TH CT.**
FT. LAUDERDALE, FL 33312

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **CHRISTOPHER PACITTO**
 CITY-ST-ZIP **5811 CORP. CIRCLE**
FL MYERS, FL 33905

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **BILL KNAPP**
 CITY-ST-ZIP **PO Box 4727**
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)