


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90051 038 ****61.25

DOCUMENT # N93000000913					
1. Entity Name AMERICAN CONCRETE INSTITUTE, FLORIDA GULF CHAPTER, INC.					
Principal Place of Business 24260 PRODUCTION CIRCLE BONITA SPRINGS FL 34135 US			Mailing Address PO BOX 367084 204 BONITA SPRINGS FL 34136 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HAYES, TIM 24260 PRODUCTION CIRCLE BONITA SPRINGS FL 34135			7. Name and Address of New Registered Agent Name <u>NORM LESSARD</u> Street Address (P.O. Box Number is Not Acceptable) <u>5785 GRANDE RESERVE WAY #904</u> City <u>NAPLES</u> FL Zip Code <u>34110-2359</u>		

04023013



MOORE CR2E037 (11/03)

4. FEI Number 65-0389881 ☐ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 Norm Lessard 4-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LESSARD, NORM		NAME		
STREET ADDRESS	5785 GRANDE RESERVE WAY, #904		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34110-2359		CITY-ST-ZIP		
TITLE	8	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAAB, ROBERT A		NAME	<u>VICE-PRESIDENT</u>	
STREET ADDRESS	52524 CEDARBEND DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZULIAN, DAVID		NAME	<u>SECRETARY</u>	
STREET ADDRESS	821 FIFTH AVE. SOUTH		STREET ADDRESS	<u>MATTHEW BEVINS</u>	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	<u>8911 DANIELS PKWY #3</u>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIEBER, PAUL		NAME		
STREET ADDRESS	1698 SW 14TH CT.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PACITTO, CHRISTOPHER		NAME	<u>PRESIDENT</u>	
STREET ADDRESS	5811 CORP CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33905		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNAUF, BILL		NAME		
STREET ADDRESS	PO BOX 4727		STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS FL 33918		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: Norm Lessard LESSARD 3-31-04 (239) 777-7406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #