

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90129 009 \*\*\*\*61.25

**DOCUMENT # N93000000913**

1. Entity Name

**AMERICAN CONCRETE INSTITUTE, FLORIDA GULF CHAPTE  
R, 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



☐ CHECK HERE IF MAKING CHANGES

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

**HAYES, TIM  
24260 PRODUCTION CIRCLE  
BONITA SPRINGS FL 34135**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>D</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DEDEUGD, DANNY</b>            |  |
| STREET ADDRESS | <b>8200 BAYSHORE RD.</b>         |  |
| CITY-ST-ZIP    | <b>NORTH FORT MYERS FL 33917</b> |  |
| TITLE          | <b>D</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WNEDER, KEVIN</b>             |  |
| STREET ADDRESS | <b>P.O. BOX 367084</b>           |  |
| CITY-ST-ZIP    | <b>BONITA SPRINGS FL 34136</b>   |  |
| TITLE          | <b>P</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>ZULIAN, DAVID</b>             |  |
| STREET ADDRESS | <b>821 FIFTH AVE. SOUTH</b>      |  |
| CITY-ST-ZIP    | <b>NAPLES FL 34102</b>           |  |
| TITLE          | <b>V</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>BIEBER, PAUL</b>              |  |
| STREET ADDRESS | <b>1698 SW 14TH CT.</b>          |  |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL 33312</b>  |  |
| TITLE          | <b>T</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>PACITTO, CHRISTOPHER</b>      |  |
| STREET ADDRESS | <b>5811 CORP CIRCLE</b>          |  |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33905</b>       |  |
| TITLE          | <b>S</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>KNAUF, BILL</b>               |  |
| STREET ADDRESS | <b>PO BOX 4727</b>               |  |
| CITY-ST-ZIP    | <b>N. FORT MYERS FL 33918</b>    |  |

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>TREASURER</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>LESSARD, NORM</b>                |  |
| STREET ADDRESS | <b>5785 GRANDE RESERVE WAY #904</b> |  |
| CITY-ST-ZIP    | <b>NAPLES, FL 34110-2359</b>        |  |
| TITLE          | <b>SECRETARY</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>ROBERT A. RAAB</b>               |  |
| STREET ADDRESS | <b>5202 CEDARBEND DR.</b>           |  |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33919</b>           |  |
| TITLE          | <b>DIRECTOR</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          | <b>PRESIDENT</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          | <b>V. P.</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          | <b>DIRECTOR</b>                     | <input checked="" 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**

1-17-03 (239) 770-8957

CR2E037 (10/02)