

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001472

1. Entity Name

EAST PASCO COUNTY CONTRACTORS ASSOCIATION, INCOR

Principal Place of Business

12152 FORT KING ROAD
DADE CITY FL 33525

Mailing Address

P.O. BOX 1819
DADE CITY FL 33526-1819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CUNNINGHAM, GRADY L
12152 FORT KING ROAD
DADE CITY FL 33525

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.

SIGNATURE

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

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

TITLE D
NAME LARKIN, GORDON R
STREET ADDRESS 37438 MERIDIAN AVE.
CITY-ST-ZIP DADE CITY FL 33525

TITLE TD
NAME PRILLMAN, LANI
STREET ADDRESS 6402 HUNTINGTON DR.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE D
NAME CREECH, JOE
STREET ADDRESS 13905 FIRST ST
CITY-ST-ZIP DADE CITY FL 33525

TITLE PD
NAME SCHPER, PAUL
STREET ADDRESS 11250 S HWY 98
CITY-ST-ZIP DADE CITY FL 33525

TITLE D
NAME BAUER, SANDRA
STREET ADDRESS 14427 7TH ST
CITY-ST-ZIP DADE CITY FL 33523

TITLE D
NAME CUNNINGHAM, GRADY L
STREET ADDRESS 12152 FORT KING ROAD
CITY-ST-ZIP DADE CITY FL 33525

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90021 020 ***61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)