

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005635

1. Entity Name

THE ASSOCIATED GENERAL CONTRACTORS OF CENTRAL FL

Principal Place of Business

Mailing Address

4205 EDGEWATER DRIVE  
SUITE B  
ORLANDO FL 32804  
US

4205 EDGEWATER DRIVE  
SUITE B  
ORLANDO FL 32804-2206  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3278363

Applied For

Not Applied For

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HOGAN, DANIEL M.  
4205 EDGEWATER DRIVE  
SUITE B  
ORLANDO FL 32804

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

Daniel M. Hogan, Executive Director

1/24/00

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 PD ☒ Delete  
NAME RYAN, SCOTT D  
STREET ADDRESS 1220 DOUGLAS AVE., SUITE 107 A  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PD ☒ Change ☐ Addition  
NAME Krieger, Al  
STREET ADDRESS 1000 Legion Place, Ste 1518  
CITY-ST-ZIP Orlando, FL 32801

TITLE VPD ☒ Delete  
NAME KRIEGER, AL  
STREET ADDRESS 4409 OLD WINTER GARDEN RD.  
CITY-ST-ZIP ORLANDO FL 32831

TITLE VPD ☒ Change ☐ Addition  
NAME Petersen, Brian  
STREET ADDRESS 8517 South Park Circle, Ste 200  
CITY-ST-ZIP Orlando, FL 32819

TITLE TD ☒ Delete  
NAME HEATHCOTT, BILL  
STREET ADDRESS 2285 EASTAPOND CIRCLE  
CITY-ST-ZIP FERN PARK FL 32730

TITLE TD ☒ Change ☐ Addition  
NAME Hicks, Alan  
STREET ADDRESS 3222 Corrine Drive  
CITY-ST-ZIP Orlando, FL 32803

TITLE SD ☒ Delete  
NAME PETERSEN, BRIAN  
STREET ADDRESS 111 N. ORANGE AVE., SUITE 1585  
CITY-ST-ZIP ORLANDO FL 32801

TITLE SD ☒ Change ☐ Addition  
NAME mucha, Diana  
STREET ADDRESS 1315 Dusk Avenue  
CITY-ST-ZIP Orlando, FL 32839

TITLE T ☐ Delete  
NAME HOGAN, DANIEL M  
STREET ADDRESS 4205 EDGEWATER DR., STE. B  
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Daniel M. Hogan

1/24/00

(407) 298-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #