

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90078 009 ****61.25

DOCUMENT # N94000005635

1. Entity Name

THE ASSOCIATED GENERAL CONTRACTORS OF CENTRAL FL

Principal Place of Business

4205 EDGEWATER DRIVE
 SUITE B
 ORLANDO FL 32804
 US

Mailing Address

4205 EDGEWATER DRIVE
 SUITE B
 ORLANDO FL 32804
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3278363

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

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

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]

Daniel M. Hogan, Executive Director

2/8/2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME KRIEGER, AL
 STREET ADDRESS 1000 LEGIAN PLACE, STE 1518
 CITY-ST-ZIP ORLANDO FL 32801

TITLE PD ☒ Change ☐ Addition
 NAME Petersen, Brian
 STREET ADDRESS 8517 South Park Circle, Ste 240
 CITY-ST-ZIP Orlando, FL 32819

TITLE VPD ☒ Delete
 NAME PETERSEN, BRAIN
 STREET ADDRESS 8517 SOUTH PARK CIRCLE, STE 240
 CITY-ST-ZIP ORLANDO FL 32819

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

TITLE TD ☒ Delete
 NAME MICKS, ALAN
 STREET ADDRESS 3222 CORRINA DRIVE
 CITY-ST-ZIP ORLANDO FL 32803

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

TITLE SD ☒ Delete
 NAME MUCHA, DIANA
 STREET ADDRESS 1315 DUSKIN AVE
 CITY-ST-ZIP ORLANDO FL 32839

TITLE SD ☒ Change ☐ Addition
 NAME Kuhnle, Brian
 STREET ADDRESS Po Box 971028
 CITY-ST-ZIP Lake Monroe, FL 32747-1028

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

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2001 (407) 298-2245

Date

Daytime Phone #

CR2E037 (10/00)