

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90391 017 ****61.25

DOCUMENT # N94000005635

1. Entity Name

THE ASSOCIATED GENERAL CONTRACTORS OF CENTRAL FLORIDA, INC.

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, 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 **PETERSEN, BRIAN**
 STREET ADDRESS **8517 SOUTH PARK CIRCLE SUITE 240**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **DD** ☒ Change ☐ Addition
 NAME **Hicks, Alan**
 STREET ADDRESS **2213 Merritt Park Drive**
 CITY-ST-ZIP **Orlando, FL 32803**

TITLE **VPD** ☒ Delete
 NAME **HICKS, ALAN**
 STREET ADDRESS **3222 DUSKIN DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Mucha, Diana**
 STREET ADDRESS **1315 DUSKIN AVE**
 CITY-ST-ZIP **ORLANDO, FL 32839**

TITLE **TD** ☒ Delete
 NAME **MUCHA, DIANA**
 STREET ADDRESS **1315 DUSKIN AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Walker, Cecil**
 STREET ADDRESS **900 Fwy Volky Dr, Ste 200**
 CITY-ST-ZIP **Longwood, FL 32774**

TITLE **SD** ☒ Delete
 NAME **KUHNLE, BRIAN**
 STREET ADDRESS **PO BOX 471028**
 CITY-ST-ZIP **LAKE MONROE FL 32747-1028**

TITLE **SD** ☒ Change ☐ Addition
 NAME **Price, David**
 STREET ADDRESS **8517 South Park Circle, Ste 240**
 CITY-ST-ZIP **Orlando, FL 32819**

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 REQUIRED Daniel M. Hogan

9/17/02

(407) 248-2245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)