2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90307 042 ****61.25

DOCUMENT # N95000001077

1. Entity Name

NORTH CENTRAL FLORIDA BUILDERS COUNCIL, INC.

Principal Place of Business	Mailing Address
1232 BAYA AVENUE LAKE CITY FL 32055 US	PO BOX 2407 LAKE CITY FL 32056 US

DO NOT WRITE IN THIS SPACE

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 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANGRUM, DAVID E
RT 6 BOX 323
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name Stanley Crawford
Street Address (P.O. Box Number is Not Acceptable) Rt 10, Box 970
City Lake City FL **FL** Zip Code 32025

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 David E Mangrum 1-30-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANGRUM, DAVID E RT 6 BOX 323 LAKE CITY FL 32025	☐ Delete	Stanley Crawford Rt 10, Box 970 Lake City, FL 32025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ERKINGER, MATTHEW RT 17 BOX 1135 LAKE CITY FL 32055	☒ Delete	VP David E. Mangrum Rt 6 Box 323 Lake City, FL 32025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCGEE, TOM 3 SAINT JAMES AVENUE LAKE CITY FL 32025	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, GLENN I JR 811 N 5TH ST LAKE CITY FL 32055	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HATTIWANGER, LONNIE PO BOX 2199 LAKE CITY FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KULTZ, EDDIE 5 W DUVAL ST LAKE CITY FL 32255	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: Stanley Crawford 4/1/02 (386) 754-5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #