

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003795

1. Entity Name

THE AMERICAN SPECIALTY CONTRACTORS OF FLORIDA, I

Principal Place of Business

1351 RAIL HEAD BLVD  
STE 1  
NAPLES FL 34110

Mailing Address

1351 RAIL HEAD BLVD  
STE 1  
NAPLES FL 34110-8419

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

65-3455621

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, KENT A  
3541 BONITA BAY BLVD  
STE 100  
BONITA SPRINGS FL 34134

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	<input type="checkbox"/> Delete
NAME	HAYES, GARY	
STREET ADDRESS	299 AIRPORT RD N	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BEAUCHAMP, ERIC	
STREET ADDRESS	3584 PROGRESS AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAILIE, KATHY	
STREET ADDRESS	P.O. BOX 9140 N/A	
CITY-ST-ZIP	NAPLES FL 34101	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMART, SAMUEL M	
STREET ADDRESS	2318 J & C BLVD	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIMBRELL, KONNIE	
STREET ADDRESS	2403 TRADE CENTER WAY #4	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

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 #

1/10/00