2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000000859

1. Entity Name
AMERICAN SOCIETY OF PROFESSIONAL ESTIMATORS
GOLD COAST CHAPTER #49, INC.

Principal Place of Business	Mailing Address
C/O 950 PENINSULA CORPORATE CIRCLE STE 1000 BOCA RATON, FL 33487 US	C/O 950 PENINSULA CORPORATE CIRCLE STE 1000 BOCA RATON, FL 33487 US

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01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0816660
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAVELL, RICHARD R
C/O 950 PENINSULA CORPORATE CIRCLE
STE 1000
BOCA RATON, FL 33487

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Richard R. Shavell 1/16/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROBINSON, TOM
STREET ADDRESS	C/O 950 PENINSULA CORPORATE CIR STE 1000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	S
NAME	BREISTOL, SUZANNE
STREET ADDRESS	C/O 950 PENINSULA CORPORATE CIR STE 1000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	1VP
NAME	KELLUM, MIKE
STREET ADDRESS	C/O 950 PENINSULA CORPORATE CIR STE 1000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	2VP
NAME	BIRDIS, MIKE
STREET ADDRESS	C/O 950 PENINSULA CORPORATE CIR STE 1000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	3VP
NAME	MORGAN, DAVID
STREET ADDRESS	C/O 950 PENINSULA CORPORATE CIR STE 1000
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	T
NAME	SHAVELL, RICHARD R
STREET ADDRESS	C/O 950 PENINSULA CORPORATE CIR STE 1000
CITY-ST-ZIP	BOCA RATON, FL 33487

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01/23/08-80101-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard R. Shavell Treasurer 1/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #