

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007008

1. Entity Name

THE ASSOCIATED GENERAL CONTRACTORS OF GREATER FL

Principal Place of Business

2144 ROSSELLE STREET
JACKSONVILLE FL 32204

Mailing Address

2144 ROSSELLE STREET
JACKSONVILLE FL 32204

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

59-3545840

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

F & L CORP.
200 LAURA STREET
THIRD FLOOR
JACKSONVILLE FL 32202

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
NAME WATERS, WAYNE E
STREET ADDRESS 6467 GREENLAND ROAD
CITY-ST-ZIP JACKSONVILLE FL 32258 ☐ Delete

TITLE President
NAME Kevin Carbonelli
STREET ADDRESS 3483 Alternate 19
CITY-ST-ZIP Palm Harbor, FL 34683 ☒ Change ☐ Addition

TITLE TD
NAME RYAN, SCOTT
STREET ADDRESS 1220 DOUGLAS AVE UNIT 107A
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE TREASURER
NAME BARRY GREENFIELD
STREET ADDRESS PO BOX 21327
CITY-ST-ZIP TAMPA, FL 33622 ☒ Change ☐ Addition

TITLE EVD
NAME HALL, STEVAN A
STREET ADDRESS 2144 ROSSELLE ST
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]*

5/1/01 904 356-9671

657671



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)