

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P19863**

CERTIFIED MAIL NO. Z 973 116 823

RETURN RECEIPT REQUESTED

1. Entity Name

**VULCAN GULF COAST MATERIALS, INC.**

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90006 016 \*\*\*550.00

Principal Place of Business

CORPORATE TAX DEPARTMENT  
P.O. BOX 385014  
BIRMINGHAM AL 35238-5014  
US

Mailing Address

CORPORATE TAX DEPARTMENT  
P.O. BOX 385014  
BIRMINGHAM AL 35238-5014  
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 **63-0964180**

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

THE PRENTICE-HALL CORPORATION SYSTEM INC  
110 N. MAGNOLIA ST.  
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **CD CLEMENS, P.J. III**  
STREET ADDRESS **5680 CAHABA VALLEY RD.**  
CITY-ST-ZIP **BIRMINGHAM AL 35243**

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

TITLE ☐ Delete  
NAME **D RANDELL, T.R.**  
STREET ADDRESS **14 DEVONWOOD RD.**  
CITY-ST-ZIP **SAN ANTONIO TX 78257**

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

TITLE ☐ Delete  
NAME **PCEO SANSONE, D F**  
STREET ADDRESS **2656 VESCLUB CIRCLE**  
CITY-ST-ZIP **BIRMINGHAM AL 35216**

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

TITLE ☐ Delete  
NAME **AT REESE, T.W.**  
STREET ADDRESS **1386 SEQUOIA TR.**  
CITY-ST-ZIP **ALABASTER AL 35007**

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

TITLE ☐ Delete  
NAME **VAS MILLS, M R**  
STREET ADDRESS **825 CONROY RD**  
CITY-ST-ZIP **BIRMINGHAM AL 35222**

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

TITLE ☐ Delete  
NAME **VSD DENSON, W.F. III**  
STREET ADDRESS **3215 BRIARCLIFF RD**  
CITY-ST-ZIP **BIRMINGHAM AL 35223**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REESE, ASSISTANT TREASURER 7/17/00**

Date

**205/298-3153**

Daytime Phone #