

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33385

1. Entity Name

AMERICAN INSTITUTE OF CONSTRUCTORS, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90162 020 \*\*\*\*61.25

Principal Place of Business

1300 N 17TH STREET  
#830  
ROSSLYN VA 32209  
US

Mailing Address

1300 N 17TH STREET  
#830  
ROSSLYN VA 22209-3801  
US

2. Principal Place of Business

466 94th Avenue North

Suite, Apt. #, etc.

3. Mailing Address

466 94th Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33702

Country

Zip

33702

Country

4. FEI Number

73-0934883

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

HARRIS, CHERYL P.

466 94TH AVE N.

ST. PETERSBURG FL 33702

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 MD ☒ Delete  
NAME SCKECHTEL, SHARON  
STREET ADDRESS 1300 N 17TH STREET SUITE #830  
CITY-ST-ZIP ROSSLYN VA 22209

TITLE President ☐ Change ☒ Addition  
NAME William R. Edwards  
STREET ADDRESS PPI Const.Mgmt. 4421 NW 39th Ave.Bldg. 3  
CITY-ST-ZIP Gainesville, FL 32606

TITLE DVP ☒ Delete  
NAME THURSTON, GARY  
STREET ADDRESS 1820 LEMOYNE AVE  
CITY-ST-ZIP SYRACUSE NY

TITLE Sr. VP ☐ Change ☒ Addition  
NAME James C. Redlinger  
STREET ADDRESS Redlinger Bros. 21 So.Broadway  
CITY-ST-ZIP Watertown, SD 57201

TITLE TD ☒ Delete  
NAME GARY THURSTON  
STREET ADDRESS 1820 LEMOYNE AVENUE  
CITY-ST-ZIP SYRACUSE N

TITLE Secretary ☐ Change ☒ Addition  
NAME Kenneth W. Andersen  
STREET ADDRESS NDSU 3657 21st Street  
CITY-ST-ZIP Fargo, ND 58104

TITLE SD ☒ Delete  
NAME MATTSON, DAVID  
STREET ADDRESS 7045 CAMELBACK RD, STE. D  
CITY-ST-ZIP SCOTTSDALE AZ

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

TITLE D ☐ Delete  
NAME CHERYL P. HARRIS  
STREET ADDRESS 466 94TH AVE N.  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

727-578-0317

Daytime Phone #

CR2E037 (9/99)