

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042630

1. Entity Name

CORNERSTONE CONSTRUCTION GROUP OF CITRUS COUNTY,

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90158 026 ***150.00

Principal Place of Business

Mailing Address

1088 S. SOFTWIND LOOP
LECANTO FL 34461
US

P.O. BOX 1179
LECANTO FL 34460-1179

2. Principal Place of Business

3. Mailing Address

5224 W. Amman St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Dunnellon, FL

4. FEI Number

59-3385735

Applied For

Not Applicable

Zip

Country

Zip

Country

34433

USA

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

BELL, NANCY A
1088 S SOFTWIND LOOP
LECANTO FL 34461

Name

Roger Nedrow

Street Address (P.O. Box Number is Not Acceptable)

5224 W. Amman St.

City

Dunnellon

FL

Zip Code

34433

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

Roger Nedrow Roger Nedrow

4/28/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 V ☐ Delete
NAME BELLE, NANCY A.
STREET ADDRESS 1088 S. SOFTWIND LOOP
CITY-ST-ZIP LECANTO FL 34461

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

TITLE T ☐ Delete
NAME BELL, JOSEPH A.
STREET ADDRESS 1088 S. SOFTWIND LOOP
CITY-ST-ZIP LECANTO FL 34461

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

TITLE P ☐ Delete
NAME NEDROW, ROGER
STREET ADDRESS 5224 W. AMMAN ST.
CITY-ST-ZIP DUNNELLON FL 34433

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

TITLE S ☐ Delete
NAME RIPPLE, ROBERT
STREET ADDRESS 7745 S.W. 187TH AVENUE
CITY-ST-ZIP DUNNELLON FL 34432-2440

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph A Bell

(352) 302-3660