

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062235

1. Entity Name

GATE BLUEGRASS PRECAST, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90024 039 ***150.00

Principal Place of Business

Mailing Address

9540 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257

9540 SAN JOSE BOULEVARD
JACKSONVILLE FL 32257-5432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3390809

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HIEB, E. ALLEN JR
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE FL 32207

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 \$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 DC
NAME LUKE, JOSEPH C
STREET ADDRESS 9540 SAN JOSE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

TITLE D
NAME FOSTER, DAVID M
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1500
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

TITLE DV
NAME CLEGHORN, BENNY L
STREET ADDRESS 402 HECKSCHER DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32226 ☐ Delete

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

TITLE P
NAME CASEMAN, JERRY B
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE D/P
NAME CASEMAN JERRY B
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☒ Change ☐ Addition

TITLE VP
NAME LUDERS, JACK C JR
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE V/T/AS
NAME LUEDERS, JACK C JR
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME STEVE BROCK
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Change ☒ Addition

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: *Jack C. Lueders* JACK C LUEDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/00

Date

(904) 448-2910

Daytime Phone #

CR2E034 (9/99)

P96000062235

822212

DIRECTOR AND OFFICER ADDITIONS
FOR GATE BLUE GRASS 59-3390809

VP

LARRY EISENHOUR

9540 SAN JOE BLVD

JACKSONVILLE, FL 32257

ADDITION

S

JAMES E McCormack

9540 SAN JOSE BLVD

JACKSONVILLE, FL 32257

ADDITION