

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087119

1. Entity Name

BERGERON SAND, ROCK & AGGREGATE, INC.

Principal Place of Business

2710 MICHIGAN AVE
KISSIMMEE FL 34744

Mailing Address

2710 MICHIGAN AVE
KISSIMMEE FL 34744

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 65-0895625

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

BERGERON, RONALD M SR
19612 SW 69TH PLACE
FORT LAUDERDALE FL 33332

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	BERGERON, LONNIE N	
STREET ADDRESS	19612 SW 69TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGERON, RONALD M JR	
STREET ADDRESS	19612 SW 69TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERGERON, RONALD M SR	
STREET ADDRESS	19612 SW 69TH PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BERGERON, LONNIE T	
STREET ADDRESS	2710 MICHIGAN AVE	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holland, Fredric W.	
STREET ADDRESS	2710 Michigan Ave.	
CITY-ST-ZIP	Kissimmee, Fl. 34744	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Desai, Phil	
STREET ADDRESS	19612 S.W. 69th Place	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33332	

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:

Ronald M. Bergeron Sr. 4/25/01

407-932-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)