

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099441

1. Entity Name
TREECE CONSTRUCTION, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90036 004 ***150.00

Principal Place of Business

1801 CHADWICK RD
ENGLEWOOD FL 34238
US

Mailing Address

1801 CHADWICK RD
ENGLEWOOD FL 34238
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TREECE ROBERT S
8714 GREY OAKS AVE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

CONNIE W. TREECE

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

1819 CHADWICK ROAD

City

Englewood

FL

Zip Code

34223

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

CONNIE W. TREECE

(NOTE: Registered Agent signature required when reinstating)

03/14/2001

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TREECE, ERIC W	
STREET ADDRESS	1801 CHADWICK RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223-1515	
TITLE	V	<input type="checkbox"/> Delete
NAME	TREECE, SCOTT W	
STREET ADDRESS	1819 CHADWICK ROAD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TREECE, KATHLEEN T	
STREET ADDRESS	1801 CHADWICK RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223-1515	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TREECE, CONNIE W	
STREET ADDRESS	8714 GREY OAKS AVENUE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREECE, CONNIE W.	
STREET ADDRESS	1819 CHADWICK ROAD	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
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		

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

CONNIE W. TREECE

Date

03/14/2001

Daytime Phone #

941-474-4564

CR2E034 (10/00)