

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L66910**

1. Entity Name

**FAGAN CONSTRUCTION, INC.**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90109 008 \*\*\*150.00

Principal Place of Business

Mailing Address

2501 W KRAFT CT  
 DUNNELLON FL 34434  
 US

2501 W KRAFT CT  
 DUNNELLON FL 34434-5730  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10899 N. QUARRY DR.

10899 N. QUARRY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUNNELLON, FL

DUNNELLON

City & State

City & State

FL

4. FEI Number **65-0196879**

Applied For

Not Applicable

Zip **34434**

Country

Zip **34434**

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

FAGAN, KERRY B

~~2501 W KRAFT CT~~ 10899 N. QUARRY DR.  
 DUNNELLON FL 34434

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  Delete  
 NAME **P**  
 STREET ADDRESS **FAGAN, KERRY B.**  
 CITY-ST-ZIP **~~9550 N CARESSA WAY~~ DUNNELLON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **10039 N. PIONEER PT.**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T**  
 STREET ADDRESS **FAGAN, KEVIN S.**  
 CITY-ST-ZIP **114 CAMP DR. DUNNELLON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V**  
 STREET ADDRESS **FAGAN, MATTHEW**  
 CITY-ST-ZIP **1601 SW 27TH AVE. #806 OCALA FL 34471**

TITLE  Change  Addition  
 NAME **V**  
 STREET ADDRESS **FAGAN, LINDA J**  
 CITY-ST-ZIP **10765 N. WISE OWL PT. DUNNELLON, FL 34434**

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

352-489-7630

Daytime Phone #

CR2E034 (9/99)