

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712552

1. Entity Name

THE JUNIOR LEAGUE OF GAINESVILLE, FLORIDA, INCOR

Principal Place of Business

Mailing Address

430-A NORTH MAIN ST
GAINESVILLE FL 33601
US

PO BOX 970
GAINESVILLE FLA 32602-0970

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6141366

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

EMERSON, MARTHA
3115 N.W. 31ST STREET
GAINESVILLE FL 32605

Name Linda Sue Rucarean

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

6636 S.W. 37 way

Gainesville, FL

City

FL

Zip Code

32608

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

Linda Sue Rucarean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Delete
NAME GODLEY, KAREN
STREET ADDRESS 1920 SW 8TH DRIVE
CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE VD ☐ Delete
NAME EMERSON, MARTHA
STREET ADDRESS 3115 NW 31ST ST.
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE TD ☒ Delete
NAME WILLIAMS, RHONDA
STREET ADDRESS 2225 SW 86TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Jeanny M Boudreau
STREET ADDRESS 5831 NW 45th Dr
CITY-ST-ZIP Gainesville, FL 32653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Linda Sue Rucarean
STREET ADDRESS 6636 SW 37 way
CITY-ST-ZIP Gainesville, FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Sue Rucarean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)