


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90279 037 ****61.25

DOCUMENT # 712552

1. Entity Name
THE JUNIOR LEAGUE OF GAINESVILLE, FLORIDA, INCORPORATED



Principal Place of Business
**430-A NORTH MAIN ST
GAINESVILLE FL 33601
US**

Mailing Address
**PO BOX 970
GAINESVILLE FL 32602**

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

101110709



CHECK HERE IF MAKING CHANGES

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

**GRAVES, KATHY
2208 NW 7 LANE
GAINESVILLE FL 32603**

7. Name and Address of New Registered Agent

Name: **MAILANDE BECKER HOLLAND**

Street Address (P.O. Box Number is Not Acceptable): **13141 NW 19th PLACE**

City: **Gainesville** FL Zip Code: **32606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mailanda Becken Holland*
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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLT, CYNTHIA	
STREET ADDRESS	507 NW 39 RD 139	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, KATY	
STREET ADDRESS	2208 NW 7 LN	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	DAINS, BETH	
STREET ADDRESS	720 NE BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VARIO, TINA	
STREET ADDRESS	4026 HW 67TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAILANDE BECKER HOLLAND	
STREET ADDRESS	13141 NW 19th PLACE	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	President Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUNE ALLEN	
STREET ADDRESS	4335 SW 83RD WAY	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE	VP of Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Gillman	
STREET ADDRESS	5154 SW 9th Lane	
CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherry Houston	
STREET ADDRESS	5011 NW 51st Place	
CITY-ST-ZIP	Gainesville, FL 32606	
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		

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: *Mailanda Becken Holland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (4/03)