

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Sep 19, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90013 020 \*\*\*\*70.00

**DOCUMENT # 720422**

1. Entity Name

**BOYS & GIRLS CLUB OF ALACHUA COUNTY, INC.**

Principal Place of Business

Mailing Address

2700 NW 51ST ST  
 GAINESVILLE FL 32606  
 US

PO BOX 532  
 GAINESVILLE FL 32602  
 US

50446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6002181

Applied For

Not Applicable

Zip

Country

Zip

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

~~LANE, JERRY R.~~  
 2700 NW 51ST STREET  
 GAINESVILLE FL 32601

*Janet Bente*  
~~Ronald Rotett~~

Name ~~Ronald Rotett~~ *Janet Bente*

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 *Janet Bente Acting Executive Director*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Janet Bente 4/26/01*

**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 *PD Past President*  Delete  
 NAME SKILES, JIM  
 STREET ADDRESS 1605 NW 71ST ST  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE *D President*  Change  Addition  
 NAME *Roland Daniels*  
 STREET ADDRESS *532 SW 117 Street*  
 CITY-ST-ZIP *Gainesville, FL 32607*

TITLE *VD*  Delete  
 NAME DAVIS, DONNA Z  
 STREET ADDRESS 2101 NW 20 STREET  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE *D President Elect*  Change  Addition  
 NAME *Tony Jones*  
 STREET ADDRESS *721 NW 6th Street*  
 CITY-ST-ZIP *Gainesville, FL 32601*

TITLE *SD*  Delete  
 NAME IMPERI, JODY  
 STREET ADDRESS 5928 NW 33 AVE  
 CITY-ST-ZIP GAINESVILLE FL

TITLE *VP D President, Past*  Delete  
 NAME WALL, CINDY  
 STREET ADDRESS 7525 NW 4 BLVD  
 CITY-ST-ZIP GAINESVILLE FL

TITLE *TD*  Delete  
 NAME WILSON, DAVID  
 STREET ADDRESS 2119 SW 78 TERRACE  
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE *Secretary*  Delete  
 NAME *Mark Walker*  
 STREET ADDRESS *804 NW 43 St*  
 CITY-ST-ZIP *Gainesville, FL 32606*

TITLE *D Secretary*  Change  Addition  
 NAME *Mark Walker*  
 STREET ADDRESS *804 NW 43 St*  
 CITY-ST-ZIP *Gainesville, FL 32606*

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: *Janet Bente*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(358)  
 378-2511

Phone #

CR2E037 (10/00)