

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90073 040 \*\*\*\*61.25

**DOCUMENT # 722578**

1. Entity Name

**BIVEN'S NORTH, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 140-327  
 GAINESVILLE FL 32614-0327

P.O. BOX 140-327  
 GAINESVILLE FL 32614-0327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1417657**

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

**HEINS, MARY M**  
**2540 SW 14TH DRIVE**  
**GAINESVILLE FL 32608**

Name **John Jennings**

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

**2606 SW 14th Drive**

City

**Gainesville, FL**

**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

*[Handwritten Signature]*

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 **PD**  Delete  
 NAME **SWENSON, RICK**  
 STREET ADDRESS **2524 SW 14TH DR**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **FRAZIER, JOE**  
 STREET ADDRESS **2616 SW 14TH DRIVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HYATT, ROBERT**  
 STREET ADDRESS **2536 SW 14TH DRIVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **PD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **MANCHESTER, MEGI**  
 STREET ADDRESS **2510 SW 14TH DR**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **JENNINGS, JOHN**  
 STREET ADDRESS **2606 SW 14TH DR**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Change  Addition  
 NAME **Troy McGuire**  
 STREET ADDRESS **2504 SW 14th Drive**  
 CITY-ST-ZIP **Gainesville, FL 32608**

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:

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

**3/10/02**  
 Date

**(352) 538-2400**  
 Daytime Phone #

CR2E037 (9/01)