

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90163 011 \*\*\*\*61.25

**DOCUMENT # 722578**



1. Entity Name  
**BIVEN'S NORTH, INC.**

Principal Place of Business  
**P.O. BOX 140-327  
GAINESVILLE FL 32614-0327**

Mailing Address  
**P.O. BOX 140-327  
GAINESVILLE FL 32614-0327**

**20013340**



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address  
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**

**JENNINGS, JOHN  
2606 SW 14TH DRIVE  
GAINESVILLE FL 32608**

**7. Name and Address of New Registered Agent**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>FRAZIER, JOE</b>	
STREET ADDRESS	<b>2616 SW 14TH DRIVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HYATT, ROBERT</b>	
STREET ADDRESS	<b>2536 SW 14TH DRIVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>JENNINGS, JOHN</b>	
STREET ADDRESS	<b>2606 SW 14TH DR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MCGUIRE, TROY</b>	
STREET ADDRESS	<b>2504 SW 14TH DRIVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D McGuire, Beverly</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SD LYONS, ELAINE</b>	
STREET ADDRESS	<b>2610 SW 14th Drive</b>	
CITY-ST-ZIP	<b>Gainesville FL 32608</b>	
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:**

**SIGNATURE REQUIRED**

*[Handwritten Signature]*

Daytime Phone #

CR2E037 (10/02)