

DOCUMENT # 723301

1. Entity Name

HISTORIC GAINESVILLE, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90101 004 \*\*\*\*61.25

Principal Place of Business P O BOX 466 GAINESVILLE FL 32602	Mailing Address P O BOX 466 GAINESVILLE FL 32602-0466
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>23-7169439</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARROW, MARK V**  
**224 N E 10TH AVE**  
**GAINESVILLE FL 32601**

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.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HEATHERINGTON, ANN L</b> <b>725 NE 2ND STREET</b> <b>GAINESVILLE, FL 00000 32601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRISBIE, THOMAS G</b> <b>3430 NW 21 DR</b> <b>GAINESVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BARRON, JOHN</b> <b>1315 NE 7TH STREET</b> <b>GAINESVILLE FL 32601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>ANN BOYD</b> <b>1106 NE 4TH ST</b> <b>GAINESVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SPUTO, THOMAS</b> <b>520 NE 9TH AVE</b> <b>GAINESVILLE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WETTERQUIST, FREDRICK</b> <b>720 SE 1 AVE</b> <b>GAINESVILLE FL 32601</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HEATHERINGTON, ANN L</b> <b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>FRISBIE, THOMAS G</b> <b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>BARRON JOHN</b> <b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WETTERQUIST, F.</b> <b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2037 (9/99)

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: Thomas G Frisbie **20 Jan 2000** **352-334-2161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #