

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 738578**

1. Entity Name

THE GAINESVILLE COMMUNITY BAND, INC.

Principal Place of Business

**2321 NW 41ST ST., STE A-2
GAINESVILLE FL 32606**

Mailing Address

**2321 NW 41ST ST., STE A-2
GAINESVILLE FL 32606**

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

59-1744150

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEHNER, RICHARD A.
4134 NW 67TH TERRACE
GAINESVILLE FL 32606**

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	D	<input type="checkbox"/> Delete
NAME	BLACK, KAREN	
STREET ADDRESS	3130 N.W. 9TH PL	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWARD, GREG	
STREET ADDRESS	2801 NW 32ND ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEHNER, RICHARD	
STREET ADDRESS	4134 NW 67 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLORE, CHRIS	
STREET ADDRESS	3146 NW 45TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOBSON, JASON	
STREET ADDRESS	7006 SW 45TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPAIN, SUSAN	
STREET ADDRESS	6011 NW 23RD AVE	
CITY-ST-ZIP	GAINESVILLE FL	

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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIC GARTY, DON	
STREET ADDRESS	409 S W 26 ST.	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, GEDFREY	
STREET ADDRESS	2630 NW 41 ST, # B	
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: *Susan B. Spain, Treas.* **1/12/01 (772) 376-6372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90108 040 ****61.25

C0007260



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)