

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740159

1. Entity Name

SEXUAL AND PHYSICAL ABUSE RESOURCE CENTER, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90103 020 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 5099
GAINESVILLE FL 32602

P.O. BOX 5099
GAINESVILLE FL 32627-5099
US

2. Principal Place of Business

3. Mailing Address

912 N E 2nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

4. FEI Number

59-1809014

Applied For

Not Applicable

Zip

32601

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

NUTTER, MARY E
3819 NW 40TH ST
GAINESVILLE FL 32606

Name

Watson, Lisa L.

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

2220 N W 55th Blvd #24

Gainesville, FL

City

FL

Zip Code

32653

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

Lisa L Watson Lisa L Watson, Acting ED

1/14/00

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 MOELLER, PENNY
STREET ADDRESS 3641 NW 23RD PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE PD ☐ Change ☐ Addition
NAME Joe Johnson
STREET ADDRESS 6324 N W 33rd Street
CITY-ST-ZIP Gainesville, FL 32653

TITLE V ☐ Delete
NAME JOHNSON, JOE
STREET ADDRESS 6324 NW 33RD STREET
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE V ☐ Change ☐ Addition
NAME Mary Hutchens
STREET ADDRESS 8745 NW 35th Lane
CITY-ST-ZIP Gainesville, FL 32606

TITLE S ☐ Delete
NAME SWINDEL, CHRISTINE
STREET ADDRESS 17021 NE 21ST STREET
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE EDD ☒ Delete
NAME NUTTER, MARY E
STREET ADDRESS PO BOX 5099 (N/A)
CITY-ST-ZIP GAINESVILLE FL

TITLE Acting EDD ☐ Change ☐ Addition
NAME Lis L Watson
STREET ADDRESS P O Box 5099
CITY-ST-ZIP Gainesville, FL 32627-5099

TITLE T ☐ Delete
NAME RAJCZI, KATHERINE
STREET ADDRESS 2815 NW 13TH STREET
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Joe Johnson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Johnson, President 1/14/00 (353) 377-4141

Date

Daytime Phone #

CR2E037 (9/99)