

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740159

1. Entity Name

PEACEFUL PATHS, INC.

Principal Place of Business

912 NE 2ND ST
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 5099
GAINESVILLE FL 32602-5099
US

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

59-1809014

Applied For

Not Applicable

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

HARRISON, THERESA B DR.
912 NE 2ND ST
GAINESVILLE FL 32601

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

TITLE V
NAME HUTCHENS, MARY ☒ Delete
STREET ADDRESS 8745 NW 25TH LN
CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE EDD
NAME WATSON, LIS L ☒ Delete
STREET ADDRESS PO BOX 5099
CITY-ST-ZIP GAINESVILLE FL 32627-5099

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

TITLE ED
NAME HARRISON, THERESA B DR. ☐ Delete
STREET ADDRESS 912 NE 2ND ST
CITY-ST-ZIP GAINESVILLE FL 32601

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V ☐ Change ☒ Addition
NAME GORDON SMITH
STREET ADDRESS 830 EDWARDS RD
CITY-ST-ZIP STARK, FL 32091

TITLE S ☐ Change ☒ Addition
NAME JOAUN WILKES
STREET ADDRESS 4316 NW 41ST LANE
CITY-ST-ZIP GAINESVILLE, FL 32606

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

TITLE T ☐ Change ☒ Addition
NAME LITA COWAN
STREET ADDRESS 8018 SW 17TH PLACE
CITY-ST-ZIP GAINESVILLE, FL 32607

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THERESA B HARRISON, Exec.Dir 1/10/01 (353)3775690

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90019 003 ****61.25

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DO NOT WRITE IN THIS SPACE

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