2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003
Secretary of State

DOCUMENT# 753888

Entity Name: CRIS COLLINSWORTH FOUNDATION, INC.

Current Principal Place of Business:

602 S. MAIN ST., STE. H8
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

602 S. MAIN ST., STE. H8
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-2932441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUTCH, R. WILLIAM
500 N.E. 8TH AVE.
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	V	( ) Delete
Name:	GUTEKUNST, RICHARD	
Address:	3942 N.W. 25TH CIRCLE	
City-St-Zip:	GAINESVILLE, FL	
Title:	D	( ) Delete
Name:	COLLINSWORTH, ABE W	
Address:	7349 SOMERSET SHORES CT	
City-St-Zip:	ORLANDO, FL 32819	
Title:	D	( ) Delete
Name:	COLLINSWORTH, CRIS	
Address:	31 CROW HILL	
City-St-Zip:	FORT THOMAS, KY 41075	
Title:	D	( ) Delete
Name:	SMITH, CASEY	
Address:	602 S. MAIN STREET, STE. H8	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	P	( ) Delete
Name:	BRANTLEY, JOHN	
Address:	2119 SE FORT KING ST	
City-St-Zip:	OCALA, FL 34471	
Title:	TD	( ) Delete
Name:	MOWRY, RHONDA	
Address:	6103 NW 52ND TERR	
City-St-Zip:	GAINESVILLE, FL 32653	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASEY SMITH ED 01/07/2003
Electronic Signature of Signing Officer or Director — Date

TOM UMLAUF