

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90108 023 \*\*\*\*61.25

**DOCUMENT # 758605**

1. Entity Name

**GAINESVILLE CRESCENT FOUNDATION, INC.**

Principal Place of Business

711 NW 23TH AVE  
 SUITE 1  
 GAINESVILLE FL 32609  
 US

Mailing Address

BOX 921  
 GAINESVILLE FL 32602

00116661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2123620**

Applied For

Not Applicable

Zip

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

**MOODY, GARY**  
**500 EAST UNIVERISTY AVENUE**  
**SUITE A**  
**GAINESVILLE FL 32601**

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

5916 SW 80 St  
 City Gainesville **FL** Zip Code 32608

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 James Chesnut  
 Signature, typed or printed name of registered agent and title if applicable.

James Chesnut  
 (NOTE: Registered Agent signature required when reinstating)

4-30-02  
 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 DST  Delete  
 NAME DIXON, MARTY  
 STREET ADDRESS 5205 SW 77TH TERR  
 CITY-ST-ZIP GAINESVILLE FL

TITLE Milledge Murphy, DST  Change  Addition  
 NAME 1815 NW 7 Place  
 STREET ADDRESS Gainesville Fl 32603  
 CITY-ST-ZIP

TITLE DV  Delete  
 NAME CHESTNUT, JAMES  
 STREET ADDRESS 5916 SW 80TH STREET  
 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE PD  Delete  
 NAME WARD, HARVEY  
 STREET ADDRESS 2121 NE 55TH BLVD  
 CITY-ST-ZIP GAINESVILLE FL 32641

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SVP  Delete  
 NAME JONES, ED JR  
 STREET ADDRESS 4533 NE 77TH AVE.  
 CITY-ST-ZIP GAINESVILLE FL 32605

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

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: James Chesnut **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 352 378 4626  
 Date Daytime Phone #

CR2E037 (9/01)