

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # 762981

1. Entity Name

THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90198 015 ****61.25

Principal Place of Business

Mailing Address

1005 S.E. 4TH AVENUE
GAINESVILLE FL 32601-3975

1005 S.E. 4TH AVENUE
GAINESVILLE FL 32601-6975

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

59-2890418

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

ROBELL, SUSAN P
5130 NW 48TH TERRACE
GAINESVILLE FL 32606

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME HARMS, ROBERT
STREET ADDRESS 2016 NE 7TH TERR
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE V ☒ Delete
NAME WITT, WILLIAM
STREET ADDRESS 5622 NW 43RD ST
CITY-ST-ZIP GAINESVILLE FL 32653

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

TITLE SD ☒ Delete
NAME ROPELL, SUSAN P
STREET ADDRESS 5730 NW 48TH TERR
CITY-ST-ZIP GAINESVILLE FL 37606

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

TITLE T ☒ Delete
NAME HOCE, JOHN M
STREET ADDRESS 3714 SW 56 RD
CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE S ☒ Delete
NAME FISHER, RAENELLA
STREET ADDRESS 5950 SW 20TH AVE #A5
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE D ☒ Delete
NAME TESSE SEXTON
STREET ADDRESS 307 NW 39TH Rd #205
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:

Susan P. Robell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

352/376-1640

Daytime Phone #

CR2E037 (9/99)