2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/2

FILED
Jun 30, 2003 8:00 am
Secretary of State
05-05-2003 90304 011 ****61.25

DOCUMENT # 762981

1. Entity Name
THE TRIANGLE CLUB OF GAINESVILLE, FLORIDA, INC.

Principal Place of Business	Mailing Address
1005 S.E. 4TH AVENUE GAINESVILLE FL 32601-3975	1005 S.E. 4TH AVENUE GAINESVILLE FL 32601-3975

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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
MCCAULEY, JAMES 1802 E UNIVERSITY AVE GAINESVILLE FL 32641	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCAULEY, JAMES 1802 EAST UNIVERSITY AVENUE GAINESVILLE FL 32641	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUSAN RODELL 5150 NW 40 TERRACE GAINESVILLE, FL 32606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITT, WILLIAM 6504 NW 50TH LANE GAINESVILLE FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMUNDSON, ERIC 2935 NW 23 DR. GAINESVILLE, FL. 32605	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SMITH, JAY 7914 SW 6TH LANE GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary LUCY SMITH 1410 SE 42 Pl. Gainesville Fl. 32641	☒ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NEWMAN, LAURA 2124 NW 55TH BLVD # C1 GAINESVILLE FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. ED MCLEOD 6650 NE 133 AVE WILLISTON FL 32696	☒ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROWN, JENNIFER 3611 SW 34TH ST # 87 GAINESVILLE FL 32608	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OVERMAN, KAREN P.O. BOX 583 MICANOPY FL 32667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 352 376-1640 Daytime Phone #