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

DOCUMENT # 765257

1. Entity Name

THORNEBROOK III MAINTENANCE CORPORATION, INC.



Principal Place of Business Mailing Address 11U1UV#V MANAGEMENT SPECIALISTS 4400 NW 26TH AVENUE 4400 DW 36TH AVENUE GAINESVILLE FL 32606 GAINESVILLE-FL-32606 2. Principal Place of Business 3. Mailing Address PO Box 14121 PO Box 14121 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-2366598 Not Applicable Gainesville, <u>Gainesville</u> Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 32604 US 32604 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Medina, Rick -MANAGEMENT-SPECIALISTS Street Address (P.O. Box Number is Not Acceptable) -4400-NW-36TH AVENUE-5330-SW-91st-Terrace GAINESVILLE FL 32606 Zip Code **Gainesville** 2608 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VID TITLE Delete TITLE Change Addition MARCONI, MICHAEL NAME NAME STREET ADDRESS 2830 NW 41ST STREET SUITE H STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32606** ☐ Delete Addition TITLE TITLE ☐ Change SWANSON, CYNTHIA NAME NAME 2830 NW 41ST ST. SUITE M STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP Delete DST Addition TITLE TITLE Change MILLS, KATHY NAME NAME McCloud, Sharon 2830 NW 41ST STREET SUITE B STREET ADDRESS STREET ADDRESS 12830 NW 41st Street, Suite G CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP Gainesville, FL 32606 ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 sustee 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 all other like empowered.

FILED

Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90260 032 ****61.25

SIGNATURE: