

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90070 043 ***150.00

DOCUMENT # G60836

1. Entity Name

GAINESVILLE ARTISANS GUILD, INC.

Principal Place of Business

5402 N.W. 8TH AVENUE
 GAINESVILLE FL 32605
 US

Mailing Address

5402 N.W. 8TH AVENUE
 GAINESVILLE FL 32605
 US

C0022858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1305633

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOVKACH, WALTER M
5011 NW 8TH AVE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEYRUP, MARGARET	
STREET ADDRESS	926 N.W. 94TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EOFF, SARA	
STREET ADDRESS	7205 NE 19TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOTTINVILLE, JOYCE MARIE	
STREET ADDRESS	4234 NW 21ST DR	
CITY-ST-ZIP	EVINSTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIRT, CINDY	
STREET ADDRESS	123 FLORADANDY RD	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Hirt
 2-15-01

Date

Daytime Phone #

CR2E034 (10/00)