

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90064 018 ***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



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, 2002 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
 NAME: DEYRUP, MARGARET
 STREET ADDRESS: 926 N.W. 94TH STREET
 CITY-ST-ZIP: GAINESVILLE FL 32606 Delete

TITLE: VD
 NAME: EOFF, SARA
 STREET ADDRESS: 7205 NE 19TH AVE
 CITY-ST-ZIP: GAINESVILLE FL Delete

TITLE: SD
 NAME: LOTTINVILLE, JOYCE MARIE
 STREET ADDRESS: 4234 NW 21ST DR
 CITY-ST-ZIP: EVINSTON FL Delete

TITLE: TD
 NAME: HIRT, CINDY
 STREET ADDRESS: 123 FLORADANDY RD
 CITY-ST-ZIP: HAWTHORNE FL Delete

TITLE: Delete

TITLE: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

TITLE: Change Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02
 Date

Daytime Phone #

CR2E034 (9/01)