

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

0020749

**DOCUMENT # N00000006181**

1. Entity Name

**GAINESVILLE ADVERTISING FEDERATION, INC.**

05-03-2001 90030 008 \*\*\*\*61.25

Principal Place of Business

C/O BAIRD CENTER  
 619 S. MAIN ST., STE. K  
 GAINESVILLE FL 32601

Mailing Address

P.O. BOX 142107  
 GAINESVILLE FL 32614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3662233**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOMES, BRENDA**  
**14211 SW 70TH ST.**  
**ARCHER FL 32618**

7. Name and Address of New Registered Agent

Name

**THOMAS, KINNON**

Street Address (P.O. Box Number is Not Acceptable)

**619 S. MAIN ST., STE K**

City

**GAINESVILLE**

FL

Zip Code

**32601**

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**13 April 01**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SOMES, BRENDA	
STREET ADDRESS	14211 SW 70TH ST.	
CITY-ST-ZIP	ARCHER FL 32601	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, KINNON	
STREET ADDRESS	619 S. MAIN ST., STE. K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MATTOX, LIZ	
STREET ADDRESS	619 S. MAIN ST., STE. K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BOZEMAN, JAMES	
STREET ADDRESS	619 S. MAIN ST., STE. K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, MEL	
STREET ADDRESS	619 S. MAIN ST., STE. K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KINNON	
STREET ADDRESS	619 S. MAIN ST., STE. K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. PISANI, JOE	
STREET ADDRESS	619 S. MAIN ST., STE. K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, PAUL	
STREET ADDRESS	619 S. MAIN ST., STE. K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTOX, LIZ	
STREET ADDRESS	619 S. MAIN ST., STE. K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMES, BRENDA	
STREET ADDRESS	14211 SW 70TH ST.	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**13 April 01**

Date

**352-473-8000 438**

Daytime Phone #

CR2E037 (10/00)