2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27217

1. Entity Name

THE ROCK OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address		
9818 S W 24TH AVENUE GAINESVILLE FL 32607 US	9818 S W 24TH AVENUE Gainesville FL 32607-4622 US		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90024 014 ****61.25



Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc. City & State		4. FEI Numb		····	plied For	
,	City & State		4. FEI Numb		Ap	plied For	
Zip Country		City & State		4. FEI Number 59-2818694		t Applicable	
	Zip Country		5. Certificati	S. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current	Registered Agent		7. Name an	d Address of New Registered	Agent		
	1247	Name					
BRANTLEY, GEORGE A. 9932 SW 22ND LANE		Street	Street Address (P.O. Box Number is Not Acceptable)				
			,				
GAINESVILLE FL 32607							
on its same rypologic F to Other C		City (rainesville	, F	L Zip Code	∍ 0	
8. The above named entity submits this statement fo	or the purpose of changing its					· · · · · · · · · · · · · · · · · · ·	
CIONATHIDE		-					
SIGNATURE	and title if applicable (NOTE	: Registered Agent sig	nature required when reinstating)	DATE			
FU F NOW		Financina	\$5.00 May Be Make Check Payable to		. Davable te		
FILE NOW: 9. Election Campaign FEE 12 661 25 Trust Fund Contrib						,	
FEE IS \$61.25	II GOÇT GITA GOTALIS		710000 10 1 000	Departme	it of otate		
10. OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CI	HANGES TO OFFICERS AND I	DIRECTORS IN	10	
TITLE PCD	☐ Delete	TITLE	PCD		Change	Addition	
NAME BRANTLEY, GEORGE A.		NAME ·	BRANTLEY,	GEORGE A.	Addres	sonly	
STREET ADDRESS 10901 WEST NEWBERRY ROAD		STREET ADDRES				1	
CITY-ST-ZIP GAINESVILLE FL 32606		CITY-ST-ZIP		LE, FL 32606	/		
TITLE D	☐ Delete	TITLE	D	 	Change	Addition	
NAME BRANTLEY, SUZANNE M.		NAME	1 -	SUZANNE M.	Addres	Sonly	
STREET ADDRESS 10901 WEST NEWBERRY ROAD		STREET ADDRES				,	
CITY-ST-ZIP GAINESVILLE FL 32606		CITY-ST-ZIP		LE FL 32606			
TITLE D.	☐ Delete	TITLE	- GAINESVAL	<u> E, EL 32000</u>	☐ Change	Addition	
NAME MILLER, TAD E.	_ Dok to	NAME				_	
STREET ADDRESS 9932 S.W. 22ND LANE		STREET ADDRES	s				
CITY-ST-ZIP GAINESVILLE FL 32607		CITY-ST-ZIP					
TITLE	□ Delete	TITLE	- 	· ·	☐ Change	Addition	
NAME	L Dekte	NAME					
STREET ADDRESS		STREET ADDRES	s I				
CITY-ST-ZIP		CITY-ST-ZIP	1				
TITLE	☐ Del∈te	TITLE		. 40	☐ Change	Addition	
NAME		NAME					
STREET ADDRESS		STREET ADDRES	s 				
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	☐ Delete	TITLE		•	☐ Change	☐ Addition	
NAME		. NAME					
		STREET ADDRES	. 1				
STREET ADDRESS		STREET ADDRESS	°				
STREET ADDRESS CITY-ST-ZIP		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.

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00

352-331-2625

Daytime Phone #

2E037 (9/99)