

FILE NOW: FILING FEE IS \$61.25

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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90073 022 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000003091**

1. Corporation Name  
**GAINESVILLE DOWNTOWN OWNERS AND TENANTS, INC.**

Principal Place of Business: 101 SE 2ND PLACE SUITE 202 GAINESVILLE FL 32601  
 Mailing Address: P O BOX 464 GAINESVILLE FL 32602-0464



457009-90073-22 9

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/01/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3191085	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCGURN, LINDA C 101 SE 2ND PLACE SUITE 202 GAINESVILLE FL 32601				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	DT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGURN, LINDA C			1.2 NAME			
STREET ADDRESS	4918 SE 185 AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MICANOPY FL			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEXTON, MARK			2.2 NAME			
STREET ADDRESS	25 SE 2ND PL			2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32601			2.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, CYNDI			3.2 NAME	ROBINSON, CYNDI		
STREET ADDRESS	114 SE 1ST STREET, SUITE 9			3.3 STREET ADDRESS	101 SE 2nd PLACE, SUITE 202		
CITY-ST-ZIP	GAINESVILLE FL 32601			3.4 CITY-ST-ZIP	GAINESVILLE FL 32601		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLSON, DAWN			4.2 NAME	MCINTYRE, MIKE		
STREET ADDRESS	104 N MAIN ST			4.3 STREET ADDRESS	13 W UNIVERSITY AVENUE		
CITY-ST-ZIP	GAINESVILLE FL 32601			4.4 CITY-ST-ZIP	GAINESVILLE, FL 32601		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS, GEORGE			5.2 NAME			
STREET ADDRESS	21 W UNIVERSITY AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32605			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WRIGHT, MATTHEW			6.2 NAME	MCINTYRE, MARY ELLEN		
STREET ADDRESS	101 SE 2ND PLACE, SUITE 101			6.3 STREET ADDRESS	13 W UNIVERSITY AVENUE		
CITY-ST-ZIP	GAINESVILLE FL 32601			6.4 CITY-ST-ZIP	GAINESVILLE FL 32601		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda C McGurn* Date: 4/26/99 3523226172

CR2E037 (11/98)