

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90088 009 ****61.25

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1. Entity Name

GAINESVILLE DOWNTOWN OWNERS AND TENANTS, INC.

Principal Place of Business

Mailing Address

101 SE 2ND PLACE
 SUITE 202
 GAINESVILLE FL 32601

P O BOX 464
 GAINESVILLE FL 32602-0464

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3191085

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGURN, LINDA C
101 SE 2ND PLACE
SUITE 202
GAINESVILLE FL 32601

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DT	MCGURN, LINDA C	4918 SE 185 AVE	MICANOPY FL	<input type="checkbox"/>	<input type="checkbox"/>
D	SEXTON, MARK	25 SE 2ND PL	GAINESVILLE FL 32601	<input type="checkbox"/>	<input type="checkbox"/>
DP	ROBINSON, CYNDI	101 SE 2ND PL, STE 202	GAINESVILLE FL 32601	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DVP	MCINTYRE, MIKE	13 W UNIVERSITY AVE	GAINESVILLE FL 32601	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	REYNOLDS, GEORGE	21 W UNIVERSITY AVE	GAINESVILLE FL 32605	<input type="checkbox"/>	<input type="checkbox"/>
DS	MCINTYRE, MARY ELLEN	13 W UNIVERSITY AVE	GAINESVILLE FL 32601	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Randy Batista	21 SE 2nd Place	Gainesville, FL 32601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Kimber Thomas	619 S Main St., Suite K	Gainesville, FL 32601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Brian Wilson	101 SE 2nd Place, Suite 110	Gainesville, FL 32601	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Linda C. McGurn 3/15/00 352-322-6172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)