

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 90958 038 ****61.25

DOCUMENT # N93000003091

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

Zip

Country

Zip

Country

4. FEI Number

59-3191085

Applied For

Not Applicable

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	DT	<input type="checkbox"/> Delete
NAME	MCGURN, LINDA C	
STREET ADDRESS	4918 SE 185 AVE	
CITY-ST-ZIP	MICANOPY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEXTON, MARK	
STREET ADDRESS	25 SE 2ND PL	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	BATISTA, RANDY	
STREET ADDRESS	21 SE 2ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMAS, K	
STREET ADDRESS	619 S MAIN ST STE-K	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, GEORGE	
STREET ADDRESS	21 W UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WILSON, BRIAN	
STREET ADDRESS	101 SE 2ND PLACE, STE-110	
CITY-ST-ZIP	GAINESVILLE FL 32601	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUREL DEWILD	
STREET ADDRESS	302 NE 6th AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SARAH CAIN	
STREET ADDRESS	114 SE 1st Street # 11	
CITY-ST-ZIP	Gainesville, FL 32601	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda C. McGurn
Linda C. McGurn

4/10/01
 Date

3523726172
 Daytime Phone #

CR2E037 (10/00)