

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

01-16-2002 90248 023 ****61.25

DOCUMENT # N96000003746

1. Entity Name
LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.

Principal Place of Business Mailing Address
8200 NW 36TH PLACE **8200 NW 36TH PLACE**
SUITE A **SUITE A**
GAINESVILLE FL 32608 **GAINESVILLE FL 32606**

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 **59-3389975** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

- 14223



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEEGAN, TIMOTHY P
4200 NW 36TH PLACE
GAINESVILLE FL 32608

Name
 Street Address (P.O. Box Number is Not Acceptable)
9200 NW 36th Place Suite A
Gainesville
 City **FL** Zip Code
32606

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 Tim Deegan Tim Deegan 1/8/2002
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	VRD Director DEEGAN, TIMOTHY P 2531 N.W. 41ST STREET GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WALKER, KENT 3522 SW 42ND AVE GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CHRISTIAN, LAWRENCE D 5718 N.W. 62ND COURT GAINESVILLE FL 32653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CARLA RHINE BENNETT 3004 NW 44TH PL GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, SUSAN K 2531 N.W. 41ST ST., SUITE A-3 GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Director Bill Evans 9200 NW 36th Place #A Gainesville FL 32606	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Director Ken Lowman 822 NW 36th Terrace Gainesville FL 32605	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Cliff Crawford PO BOX 490 Station 24 Gainesville FL 32602	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY Karine Mironack 4817 NW 37th Place Gainesville FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 Deegan 1/8/2002 3523370000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2007 (9/01)