

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90557 004 ****61.25

DOCUMENT # N96000003746

1. Entity Name
LEADERSHIP GAINESVILLE ALUMNI ASSOCIATION, INC.



Principal Place of Business
**9200 NW 36TH PLACE
SUITE A
GAINESVILLE FL 32606**

Mailing Address
**9200 NW 36TH PLACE
SUITE A
GAINESVILLE FL 32606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3389975**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEEGAN, TIMOTHY P
9200 NW 36TH PLACE SUITE A
GAINESVILLE FL 32606**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT** Delete
NAME **DEEGAN, TIMOTHY P**
STREET ADDRESS **2531 N.W. 41ST STREET**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **EVANS, BILL**
STREET ADDRESS **9200 NW 36TH PLACE A**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** Delete
NAME **LOWMAN, KEN**
STREET ADDRESS **822 NW 36TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Change Addition
NAME **PD LOWMAN, KENNETH**
STREET ADDRESS **P.O. Box 14186 University Station**
CITY-ST-ZIP **GAINESVILLE, Florida 32604**

TITLE **T** Delete
NAME **CRAWFORD, CLIFF**
STREET ADDRESS **P O BOX 490 STATION 24**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **MIRONACK, JEANINE**
STREET ADDRESS **4817 NW 37TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
NAME **S Sandra Snyder**
STREET ADDRESS **810 NW 8 Street**
CITY-ST-ZIP **Gainesville, FL 32601**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

1/14/03 350337-0000

CR2E037 (10/02)