

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90114 027 \*\*\*\*61.25

**DOCUMENT # N96000005120**

1. Entity Name

**HAILE VILLAGE CENTER MERCHANTS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**5300 SOUTH WEST 91ST TERRACE  
 GAINESVILLE FL 32608**

**5330 S.W. 91ST TERRACE  
 GAINESVILLE FL 32608-7124  
 US**

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

**59-3412168**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAIR, TRACY  
 5330 SOUTH WEST 91ST TERRACE  
 GAINESVILLE FL 32608**

7. Name and Address of New Registered Agent

Name **Rick Medina**  
 Street Address (P.O. Box Number is Not Acceptable) **5330 SW 91st Terrace**  
**Gainesville, FL 32608**  
 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

*Rick Medina*

*3/24/00*

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	<b>VP DOLSAK, MARSHA 9938 SW 52 RD GAINESVILLE FL 32608</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAUGHERTY, CHRISTY 5211 SW 91 TERR GAINESVILLE FL 32608</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST STAGALL, GINGER 5300 SOUTH WEST 91ST TERRACE GAINESVILLE FL 32608</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KRAMER, ROBERT 5300 SOUTH WEST 91ST TERRACE GAINESVILLE FL 32608</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KASKEL, MATTHEW 10295 SOUTH WEST 248TH STREET HOMESTEAD FL 33032</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLEEMAN, DAVID 420 LINCOLN ROAD, SUITE 435 MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Daugherty, Christy 5211 SW 91st Terrace Gainesville, FL 32608</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Larry Loesch 5202 SW 91st Terrace Gainesville, FL 32608</b>	<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
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 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:

*Luis P. Fournier* **4-13-00** **(352) 375-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #