# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 17, 2001 8:00 am**
**Secretary of State**
04-17-2001 90055 022 ****61.25

DOCUMENT # N96000005120

1. Entity Name

HAILE VILLAGE CENTER MERCHANTS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5300 SOUTH WEST 91ST TERRACE<br>GAINESVILLE FL 32608 | 5330 S.W. 91ST TERRACE<br>GAINESVILLE FL 32608<br>US |

DO NOT WRITE IN THIS SPACE

| 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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MEDINA, RICK<br>5330 SOUTH WEST 91ST TERRACE<br>GAINESVILLE FL 32608 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| **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 | VP<br>DOLSAK, MARSHA<br>9938 SW 52 RD<br>GAINESVILLE FL 32608 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>Byrnes, Jenny<br>5323 SW 91st Terrace<br>Gainesville, FL 32608 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAUGHERTY, CHRISTY<br>5211 SW 91 TERR<br>GAINESVILLE FL 32608 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DTS<br>Medina, Rick<br>5330 SW 91st Terrace<br>Gainesville, FL 32608 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>LOESCH, LARRY<br>5202 SW 91ST TERR<br>GAINESVILLE FL 32608 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Loesch, Larry<br>5202 SW 91st Terr.<br>Gainesville, FL 32608 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KRAMER, ROBERT<br>5300 SOUTH WEST 91ST TERRACE<br>GAINESVILLE FL 32608 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KASKEL, MATTHEW<br>10295 SOUTH WEST 248TH STREET<br>HOMESTEAD FL 33032 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FLEEMAN, DAVID<br>420 LINCOLN ROAD, SUITE 435<br>MIAMI BEACH FL 33139 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** Jennifer Byrnes Jennifer Byrnes 4/18/01 352-378-0721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #