2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723301

FILED
Apr 20, 2000 8:00 am
Secretary of State
01-27-2000 90101 004 ****61.25

1. Entity Name

HISTORIC GAINESVILLE, INC.

Principal Place of Business	Mailing Address
P O BOX 466 GAINESVILLE FL 32602	P O BOX 466 GAINESVILLE FL 32602-0466

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 23-7169439 ☐ 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
BARROW, MARK V 224 N E 10TH AVE 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HEATHERINGTON, ANN L 725 NE 2ND STREET GAINESVILLE, FL 00000 32601	☐ Delete	TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	HEATHERINGTON, ANN L SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRISBIE, THOMAS G 3430 NW 21 DR GAINESVILLE FL	☐ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	FRISBIE, THOMAS G SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRON, JOHN 1315 NE 7TH STREET GAINESVILLE FL 32601	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	~~PP~~ BARROW JOHN SAME	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP ANN BOYD 1106 NE 4TH ST GAINESVILLE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPUTO, THOMAS 520 NE 9TH AVE GAINESVILLE FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEITERQUIST, FREDRICK 720 SE 1 AVE GAINSVILLE FL 32601	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	WEITERQUIST, F. SAME	☒ Change ☐ Addition

CR2E037 (9/99)

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: THOMAS E FRISBIE 20 Jan 2000 352-334-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #