

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723936

1. Entity Name THE ALACHUA PRESS, INC.

~~ALACHUA COUNTY HISTORICAL SOCIETY, INC.~~

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90037 026 ****61.25

Principal Place of Business 513 E UNIVERSITY AVE GAINESVILLE FL 32601-5451 US	Mailing Address P.O. BOX 15221 GAINESVILLE FL 32601-5451 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 513 E. University Ave. Suite, Apt. #, etc.
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City & State Gainesville, FL	City & State Gainesville, FL	4. FEI Number 23-7225382	Applied For Not Applicable
Zip 32601	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MAY, LESTER N. 1010 N.E. 20TH PLACE GAINESVILLE FL 32609	7. Name and Address of New Registered Agent Name Mahon, John K. Street Address (P.O. Box Number is Not Acceptable) 4129 S.W. 2nd Ave. City Gainesville, FL Zip Code 32607
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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 John K. Mahon 31 May 2000
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 ☐ \$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	PP SCOTT, BARBARA S 3935 NW 35 PL GAINESVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Davis, Don L. 150 S.W. Fairway Dr. Keystone Heights, FL 32656 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLAGAR, EVELYN L 1038 N.E. 21ST AVE GAINESVILLE FL 32609 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooper, Burnham 16718 N.W. 40th Pl. Newberry, FL 32669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROBERT 3809 S.W. 37TH ST. GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHON, JOHN K 4129 SW 2 AVE GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICKARD, JOHN B 406 N.E. 7TH AVE. GAINESVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 32601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, LESTER N. 1010 N.E. 20TH PLACE GAINESVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grantham, Susan 215 S.W. 40th Terr. Gainesville, FL 32607 <input type="checkbox"/> Change <input checked="" 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: Robert C. Smith 31 May 2000 (352) 392-2061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PH 183936
DU061196

ATTACHMENT

2000 UNIFORM BUSINESS REPORT

THE ALACHUA PRESS, INC. 723936

ITEM 11 (CONTINUED): OFFICERS AND DIRECTORS

7.1 TITLE	D
7.2 NAME	MORRIS-BABB, MEREDITH
7.3 ADDRESS	10220 S.W. 8TH TERR.
7.4 CITY-ST-ZIP	MICANOPY, FL 32667