

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723301

1. Entity Name

HISTORIC GAINESVILLE, INC.

Principal Place of Business

P O BOX 466
GAINESVILLE FL 32602

Mailing Address

P O BOX 466
GAINESVILLE FL 32602

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

BARROW, MARK V
224 N E 10TH AVE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

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

TITLE SD
NAME HEATHERINGTON, ANN L. ☒ Delete
STREET ADDRESS 725 NE 2ND STREET
CITY-ST-ZIP GAINESVILLE, FL 00000 32601

TITLE TD
NAME FRISBIE, THOMAS G ☐ Delete
STREET ADDRESS 3430 NW 21 DR
CITY-ST-ZIP GAINESVILLE FL

TITLE PPD
NAME BARRON, JOHN ☐ Delete
STREET ADDRESS 1315 NE 7TH STREET
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE PD
NAME WEITERQUIST, FREDRICK ☐ Delete
STREET ADDRESS 720 SE 1 AVE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME JENNIFER LANGDALE
STREET ADDRESS 7064 NW 52 TR
CITY-ST-ZIP GAINESVILLE, FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

THOMAS G. FRISBIE
TREASURER

Date

Daytime Phone #

8 Jan 01 352 334-2161

0019689

CR2E037 (10/00)