

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44721

1. Entity Name

KEEP ALACHUA COUNTY BEAUTIFUL, INC.

Principal Place of Business

309 NE 1ST STREET
GAINESVILLE FL 32601
US

Mailing Address

309 NE 1ST STREET
GAINESVILLE FL 32601
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

59-3078627

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

ROCHFORD, JEANNE
8647 SOUTHWEST 42 PLACE
GAINESVILLE FL 32608

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
DV
HAWKINS, GINA
200 E. UNIVERSITY AVE
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TERESA K. CASKEY
4866 SW 95TH ST
GAINESVILLE, FL 32608 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GREEN, DALE F
3011 S.W. WILLISTON ROAD
GAINESVILLE FL 32614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EUGENE HICKEY
1450 NE 27TH AVE
GAINESVILLE, FL 32608 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
HICKEY, EUGENE
1950 N.E. 27TH AVENUE
GAINESVILLE FL 32608 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARTICK, HOWARD W.
4010 NORTHWEST 25 PLACE
GAINESVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SPAIN, SUSAN
2321 NW 41ST ST
GAINESVILLE FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
GASCHE, BOB
1111 N.W. 25TH TERRACE
GAINESVILLE FL 32605 ☐ Delete

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: *[Signature]* EXECUTIVE DIRECTOR

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/16/2001

Date

352-371-9444

Daytime Phone #

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90053 004 *****70.00

C0038147



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)