2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 700860

1. Entity Name



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90499 030 ****61 25

300 CLUE	3 INC.							01 21 2003 30	, 100 0.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.23	
•			Mailing Address									
- · · · · · · · · · · · · · · · · · · ·			715 N.W. 12TH AVE AINESVILLE FL 32605									
2. Principal Place of Business 3. N				3. Mailing Address				1 100 163 65 10 6 194 6 6 1 5 0				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State				00 00 TE 000			plied For t Applicable	,
Zip Country			Zij	Zip Cou							3.75 Additional Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
The state of the s						Name RRUCE F- ROGERS						
ROGERS, BRUCE F								(P.O. Box Number is Not Acceptable)				
2221 NW 28TH ST				,				N.W. 48th BLVD.				
GAINESVILLE FL 32605												
						City			FL	Zip Cod		1
				,		(GAIN	ESVILLE, FL.		L3.2.6.0	6	╛
The above the obligat	e named entity s tions of registere	ubmits this statement ed agent	for the purp	ose of changing its	register	ed office o	registere	ed agent, or both, in the State of Florida	. I am fa	miliar with,	and accept	}
ine congai		, a agom.										
CIONIATUDE:	.':											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTI						d Agent signat	ure required	when reinstating)	DATE			
	· · · · · · · · · · · · · · · · · · ·											4
FILE NOW: FEE IS \$61.25 9. Election Ca Trust Fund									Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					1 11. A			DDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN	10	-
TITLE	D .			Delete		P/D			Change	X Addition	76	
NAME	MCFETRIDG			•0,	NAM	E		ER, CAROL		_ •	_	Š
STREET ADDRESS	6415 N W 4				STRE	ET ADDRESS	1283	32 S.W. 14 Ave.				1
CITY-ST-ZIP	GAINESVILLE	FL 32653			CITY	-ST-ZIP	NEWI	BERRY, FL. 32669				يَّا لِـ
TITLE	TD			Delete	TITU		T/D	·		X Change	☐ Addition	Įģ
NAME	ROGERS, BF				NAM	E		ERS, BRUCE F.				
STREET ADDRESS	2221 NW 28					ET ADDRESS	113	N.W. 48TH BLVD.				
CITY-ST-ZIP	GAINESVILLE	: FL 32605			CITY	-ST-ZIP	GATI	JESVILLE, FL. 326	506			

TITLE _ Delete 😾 Cḥange ■ Addition TITLE WILSON, MEEGAN NAME NAME WILSON, MEEGAN 620 N.W. 27 WAY STREET ADDRESS STREET ADDRESS 620 N.W. 27 Way CITY-ST-ZIP **GAINESVILLE FL 32607** CITY-ST-ZIP GAINESVILLE, FL. 32607 ☐ Change X Addition TITLE Delete TITLE VP/D EBERHARD, SUSAN NAME GARRIGUES, ROBERT NAME **5226 NW 48TH TERR** STREET ADDRESS STREET ADDRESS 4911 N. W. 37TH DRIVE CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-7IP GAINESVILLE, FL. 32605 VALENSTEIN, CANDACE Delete TITLE D Change Addition MORGAN, FRANCES NAME NAME 2030 N.W. 71ST ST. 3511 NW 104 DRIVE STREET ADDRESS STREET ADDRESS GAINESVILLE, FL. CITY-ST-7IP GAINESVILLE FL 32606 CITY - ST- ZIP Addition ☐ Change TITLE Delete TITLE **BOUNDS, SARA** NAME NAME MCCONNELL, MAURA

GAINESVILLE, 32605 12. I hereby certify that the information supplied with this filling 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 of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

818 SW 186 STREET

NEWBERRY FL 32669

STREET ADDRESS

CITY-ST-ZIP

352·377-773*9*

2735 NW 22ND TERR.