

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720708

1. Entity Name

ALACHUA COUNTY CENTER FOR VOLUNTARY ACTION, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90061 020 ****61.25

Principal Place of Business

2815 NW 13TH STREET
SUITE 30200R
GAINESVILLE FL 32609-2865

Mailing Address

2815 NW 13TH STREET
SUITE 30200R
GAINESVILLE FL 32609-2879

2. Principal Place of Business

1145 NW 13th Street

3. Mailing Address

1145 NW 13th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32601

Country

Zip

32601

Country

4. FEI Number

59-1458133

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

THOMPSON, JOHN

2815 NW 13TH ST

SUITE 302

GAINESVILLE FL 32609

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

John Thompson

4-12-00

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 P ☐ Delete
NAME DAUGHTRY, KATHY
STREET ADDRESS 1116 W UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☒ Change ☐ Addition
NAME Daughtry, Kathy
STREET ADDRESS 1116 W. UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE S ☐ Delete
NAME JONES, PENNY
STREET ADDRESS 4811 NW 71ST BLVD
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE P ☒ Change ☐ Addition
NAME PENNY JONES
STREET ADDRESS 4711 NW 71st Blvd
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D ☒ Delete
NAME GANEY, KRISTI
STREET ADDRESS 411 N. MAIN ST
CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE V ☒ Delete
NAME HARRIS, LEISHA
STREET ADDRESS 801 SW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE T ☐ Delete
NAME HARDY, KIM
STREET ADDRESS PO BOX 1616
CITY-ST-ZIP GAINESVILLE FL 32602-1616

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

TITLE ED ☐ Delete
NAME THOMPSON, JOHN
STREET ADDRESS 2815 NW 13 STREET, SUITE 302
CITY-ST-ZIP GAINESVILLE FL 32609

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

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:

John Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

(352) 378-2552

Daytime Phone #

CR2E037 (9/99)