

2/2/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-02-2001 90285 032 ****61.25

DOCUMENT # 720708

1. Entity Name

ALACHUA COUNTY CENTER FOR VOLUNTARY ACTION, INC.

Principal Place of Business

1145 NW 13TH STREET
GAINESVILLE FL 32601

Mailing Address

1145 NW 13TH STREET
GAINESVILLE FL 32601

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 59-1458133

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JOHN
2815 NW 13TH ST
SUITE 302
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name: John Thompson
 Street Address (P.O. Box Number is Not Acceptable):
1145 NW 13 STREET
 City: GAINESVILLE, FL FL Zip Code: 32601

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 John Thompson EXECUTIVE DIRECTOR
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-28-01
DATEFILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAUGHTRY, KATHY 1116 W UNIVERSITY AVE GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, PENNY 4811 NW 71ST BLVD GAINESVILLE FL 32606	<input type="checkbox"/> Delete SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDY, KIM PO BOX 1616 GAINESVILLE FL 32602-1616	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED THOMPSON, JOHN 2815 NW 13 STREET, SUITE 302 GAINESVILLE FL 32609	<input type="checkbox"/> Delete SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D GRACE WHITE 620 EAST UNIVERSITY AVE. GAINESVILLE, FL 32601-5498	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER D BRIAN SCARBOROUGH 2811 NW 41 STREET GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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)(f), 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 John Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-01
Date(352) 378-2552
Daytime Phone #

CR2E037 (10/00)