

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720708

1. Entity Name

ALACHUA COUNTY CENTER FOR VOLUNTARY ACTION, INC.

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90100 018 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1145 NW 13TH STREET  
GAINESVILLE FL 32601

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

4. FEI Number

59-1458133

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
1145 NW 13 STREET  
GAINESVILLE FL 32601

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 PD  
NAME JONES, PENNY  
STREET ADDRESS 4811 NW 71ST BLVD  
CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Delete

TITLE P  
NAME Collette Taylor  
STREET ADDRESS 330 J. WAYNE REITZ UNION,  
CITY-ST-ZIP GAINESVILLE, FL 32611-8505 ☐ Change ☒ Addition

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

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

TITLE PD  
NAME WHITE, GRACE  
STREET ADDRESS 620 EAST UNIVERSITY AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601-5498 ☐ Delete

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

TITLE TD  
NAME SCARBOROUGH, BRIAN  
STREET ADDRESS 2811 NW 41 STREET  
CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Delete

TITLE T  
NAME Pat Carlson  
STREET ADDRESS 4340 Newberry Road  
CITY-ST-ZIP GAINESVILLE, FL 32607 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

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

1-09-02  
Date

(352) 378-2552  
Daytime Phone #

CR2E037 (9/01)