

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723189

1. Entity Name

FRIENDS OF FIVE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90083 028 ****61.25

Principal Place of Business

Mailing Address

2000 WEIMER HALL, UNIV. OF FLORIDA
P. O. BOX 12865
GAINESVILLE FL 32604

2000 WEIMER HALL, UNIV. OF FLORIDA
P. O. BOX 12865
GAINESVILLE FL 32604-0865



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7317577

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

LEHNER, RICHARD
2000 WEIMER HALL
UNIVERSITY OF FLORIDA
GAINESVILLE FL 32611

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
VD
GOFORTH, SAM
104 N. MAIN ST
GAINESVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOFORTH, SAM
104 N. MAIN STREET
GAINESVILLE, FL 32601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JOHNSON, KAREN
P.O. BOX 147117 N/A
GAINESVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SUSAN SPAIN
2321 N.W. 41 STREET
GAINESVILLE, FL 32606 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BUSTILLO, MIRIAM
1805 NW 51 TERR
GAINESVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
IRBY, BUDDY
P.O. BOX 11
GAINESVILLE, FL 32602 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CASTELLO, WAYNE
2772 N.W. 43RD ST.
GAINESVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEVY, ROSLYN
401 SW 88TH TERRACE
GAINESVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOFFORTH, SAM
104 N MAIN STREET
GAINESVILLE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHORE, MELANIE
5206 N.W. 47 LANE
GAINESVILLE, FL 32606 ☐ 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: WAYNE P. CASTELLO 2/7/2000 352-377-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)