2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

address, with all other like empower

FILED DOCUMENT # **727667** May 18, 2000 8:00 am Secretary of State GAINESVILLE BUILDERS ASSOCIATION, INC. 05-18-2000 90381 010 ****61.25 Mailing Address Principal Place of Business 2217 NW 66TH COURT 2217 NW 66TH COURT GAINESVILLE FL 32653-1629 GAINESVILLE FL 32653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1444544 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HILL, GINA M. 2217 NW 66TH COURT GAINESVILLE FL 32653 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE Addition TITLE NAME WATERS, ROBERT T NAME STREET ADDRESS STREET ADDRESS 5225 SW 91 TERR CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 Change TITLE TITLE BRENNEMAN, FRED-Greer, Jack NAME NAME STREET ADDRESS STREET ADDRESS 4001 NEWBERRY RD, #C-2 CITY-ST-7IP CITY-ST-ZIF GAINESVILLE FL SPD-TITLE ☐ Delete TITLE NAME NAME MATTHEWS, JOHN STREET ADDRESS STREET ADDRESS 902 NW 4 ST CITY-ST-7IP CITY-ST-ZIP GAINESVILLE FL 32601 ☐ Addition VPD ☐ Delete TITLE GREEN, JACK NAME NAME STREET ADDRESS STREET ADDRESS 5800 NW 39TH AVE, #101 CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Delete TITLE ☐ Change ☐ Addition HILL, GINA M. NAME NAME STREET ADDRESS STREET ADDRESS 7421 NW 128TH PLACE CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL TITLE ☐ Addition STRINGFELLOW, DOUG Corpenter NAME STREET ADDRESS STREET ADDRESS 1015 S MAIN CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 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 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