

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90207 001 ****61.25

DOCUMENT # 727667

1. Entity Name

GAINESVILLE BUILDERS ASSOCIATION, INC.

Principal Place of Business

2217 NW 66TH COURT
GAINESVILLE FL 32653
US

Mailing Address

2217 NW 66TH COURT
GAINESVILLE FL 32653
US

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

59-1444544

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

HILL, GINA M.
2217 NW 66TH COURT
GAINESVILLE FL 32653

Name Ronald A. Carpenter

Street Address (P.O. Box Number is Not Acceptable)
5608 NW 43rd St.

City Gainesville FL Zip Code 32653

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

Ronald A. Carpenter

Ronald A. Carpenter

4/13/01

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	☐ Delete
NAME	GREER, JACK	
STREET ADDRESS	5800 NW 39 AVE #101	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	☐ Delete
NAME	MATTHEWS, JOHN	
STREET ADDRESS	902 NW 4 ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VPD	☐ Delete
NAME	HOWE, RICK	
STREET ADDRESS	2114 NW 40 TR	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VD	☐ Delete
NAME	HILL, GINA M.	
STREET ADDRESS	7421 NW 128TH PLACE	
CITY-ST-ZIP	ALACHUA FL	
TITLE	SD	☐ Delete
NAME	CARPENTER, RON	
STREET ADDRESS	5608 NW 43 ST	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	☒ Change ☐ Addition
NAME	Breck Weingart	
STREET ADDRESS	2500 NE 18 TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	SD	☒ Change ☐ Addition
NAME	Melissa Murphy	
STREET ADDRESS	703 NE 1st St	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	PD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	☒ Change ☐ Addition
NAME	Howard Wallace	
STREET ADDRESS	4707 NW 53 Ave # A	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-16-01 352-305647

CR2E037 (10/00)