

2000 UNIFORM BUSINESS REPORT (UBR)

2/10/00-90054-043-\$61.25-\$61.25

DOCUMENT # 739327

1. Entity Name

BIG BROTHERS/BIG SISTERS OF GREATER GAINESVILLE,

FILED

00 MAR -8 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00017900



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1212 NW 12TH AVE. SUITE C3 GAINESVILLE FL 32601 US	Mailing Address P.O. BOX 14532 GAINESVILLE FL 32604-2532
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2. Principal Place of Business 1155 NW 13 STREET	3. Mailing Address Suite, Apt. #, etc.
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City & State GAINESVILLE, FLORIDA	City & State	4. FEI Number 59-1643115	Applied For Not Applicable
Zip 32601	Country US	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KNELLINGER, RICHARD M.
2815 NW 13TH STREET
GAINESVILLE FL

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing \$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHORSKI, JOAN 1831 NW 94 ST GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PEARCE, PAMELA 1212 NW 12TH AVE., #C-3 GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATHIEU, IVY P.O. BOX 147012 GAINESVILLE FL 32614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIETRICH, MARKUS 4431 NW 14TH PL GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUCHARME, MARK 5244 SW 97 WAY GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FEASTER, BILL 1721 NE 75 STREET GAINESVILLE, FL 32641	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUCHORSKI, JOAN 1631 NW 94 STREET GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONG, KATHLEEN 9702 NW 63 LANE GAINESVILLE, FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, MICHAEL 2000 NW 15 AVE GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input 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)(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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-00 (352)375-2525
Date Daytime Phone #

CR2E037 (9/99)