

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90100 004 ****61.25

DOCUMENT # 739327

1. Entity Name

BIG BROTHERS/BIG SISTERS OF GREATER GAINESVILLE, INC.

Principal Place of Business

Mailing Address

1155 N.W. 13 STREET
 GAINESVILLE FL 32601
 US

1155 N.W. 13 STREET
 GAINESVILLE FL 32601
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1643115

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Tricia Bachus

Street Address (P.O. Box Number is Not Acceptable)

1155 NW 13 St.

City

Gainesville

FL

Zip Code

32601

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

Tricia Bachus

1/7/02

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 | VD | <input type="checkbox"/> Delete |
| NAME | MAREN, PETER | |
| STREET ADDRESS | 8401 SW 42ND AVE | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |
| TITLE | ED | <input checked="" type="checkbox"/> Delete |
| NAME | LANDY, MICHAEL | |
| STREET ADDRESS | 1155 NW 13TH ST | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GILLILAND, DANNY | |
| STREET ADDRESS | 2137 SW 102 TERRACE | |
| CITY-ST-ZIP | GAINESVILLE FL 32607 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | VENSER, NANCY | |
| STREET ADDRESS | 703 NE 1ST ST | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | DUCHARME, MARK | |
| STREET ADDRESS | 5244 SW 97 WAY | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FEASTER, BILL | |
| STREET ADDRESS | 1721 N.E. 75TH STREET | |
| CITY-ST-ZIP | GAINESVILLE FL 32641 | |

| | | |
|----------------|----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | ED/CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tricia Bachus | |
| STREET ADDRESS | 1155 NW 13 St. | |
| CITY-ST-ZIP | Gainesville FL 32601 | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Danny Gilliland | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Danaya Wright | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rochelle Prince | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bill Feaster | |
| STREET ADDRESS | same | |
| 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

1/7/02

352 375-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)