

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745607

1. Entity Name

THOMAS CENTER ASSOCIATES, INC.

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90002 026 ****61.25

Principal Place of Business

Mailing Address

302 NE 6TH AVE
GAINESVILLE FL 32604-9752
US

P.O. BOX 12752
GAINESVILLE FL 32604-9752
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

59-1874171

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

CONNELL, SHARON
4122 NW 68TH DR
GAINESVILLE FL 32606

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	D SINGER, BEVERLY 6305 NW 56 LANE GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEFLIN, SYDNEY L 4411 NW 12TH PLACE GAINESVILLE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAIGEN, CINDY 4218 SW 78 ST GAINESVILLE FL 32608	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNELL, SHARON 4122 NW 68TH DR GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRISALE, THOMAS G 1004 NW 10 AVENUE GAINESVILLE FL 32601	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sarah M. Brown 7915 SW 42nd Terr. Gainesville FL 32608	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reed B. Brown III 7915 SW 42nd Terr. Gainesville FL 32608	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Caroline P. Normann 1824 NW 11th Road Gainesville FL 32605	☐ 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:

SIGNATURE *Sarah M. Brown*

Date

Daytime Phone #

CR2E037 (9/01)