2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90147 047 ****70.00

DOCUMENT # 745792

1. Entity Name

RONALD MCDONALD HOUSE OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
1600 SW 14TH ST. GAINESVILLE FL 32608	1600 SW 14TH ST. GAINESVILLE FL 32608-1548

DO NOT WRITE IN THIS SPACE

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 59-1887896 ☐ 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
KIDNEY, GERALD R JR 5731 NW 31 ST GAINESVILLE FL 32653	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	VD KIDNEY, GERALD R. 5731 NW 31 TERR. GAINESVILLE FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONNELLY, MICHELLE 8216 NW 5TH COURT GAINESVILLE FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIUNTA, MAURICE 923 SW 98 STREET GAINESVILLE FL 32607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOOTE, LINDA 3706 NW 23 PLACE GAINESVILLE FL 32605	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROCHU, JOHN 3720 NW 43 RD ST 100 GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 2700 NW 43 STREET GAINESVILLE FL 32606	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALLACE, KATHLEEN A 1329 NW 16TH ST UF GAINESVILLE FL 32610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, TOM V 6401 NW 23 AVENUE GAINESVILLE FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRIS, LEISHA 5420 NW 9TH LANE GAINESVILLE FL 32605	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SINGER, JEANNE 4509 NW 58 AVENUE GAINESVILLE FL 32653	☐ Change ☒ Addition

CR2E037 (9/99)

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] Gerald R. Kidney 3/30/00 352-846-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #