

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750640

1. Entity Name

J. HILLIS MILLER HEALTH CENTER GIFT SHOP, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90005 041 \*\*\*\*61.25

|                                                                                                             |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>BOX 100351<br>TEACHING HOSPITAL & CLINICS<br>GAINESVILLE FL 32611-2001<br>US | Mailing Address<br>BOX 100351<br>TEACHING HOSPITAL & CLINICS<br>GAINESVILLE FL 32610-0351<br>US |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-1984077 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>CATALAROTTO, JANE K<br>8729 SW 61ST AVE<br>GAINESVILLE FL 32608 |
|------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name Seeger, Carolyn<br>Street Address (P.O. Box Number is Not Acceptable)<br>3415 NW 31st St<br>Gainesville<br>City Gainesville FL Zip Code 32605 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 PD Carolyn M Seeger Carolyn M. Seeger 2-25-00  
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

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | BERGER, SANDY        |                                            |
| STREET ADDRESS | 9946 SW 19TH LANE    |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL       |                                            |
| TITLE          | D                    | <input checked="" type="checkbox"/> Delete |
| NAME           | EVANS, HELEN         |                                            |
| STREET ADDRESS | 1723 NW 17 LN        |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32605 |                                            |
| TITLE          | PD                   | <input type="checkbox"/> Delete            |
| NAME           | CATALANOTTO, JANE    |                                            |
| STREET ADDRESS | 8729 SW 61 AVE       |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32608 |                                            |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | GRONWALL, BEVERLY    |                                            |
| STREET ADDRESS | 637 NW 84TH ST       |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32607 |                                            |
| TITLE          | SD                   | <input type="checkbox"/> Delete            |
| NAME           | HAMMER, BEVERLY      |                                            |
| STREET ADDRESS | 4909 NW 18TH PLACE   |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32060 |                                            |
| TITLE          | TD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | CLARK, TEDDIE        |                                            |
| STREET ADDRESS | 1226 NW 23 TERR      |                                            |
| CITY-ST-ZIP    | GAINESVILLE FL 32605 |                                            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | PD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Carolyn Seeger        |                                                                              |
| STREET ADDRESS | 3415 NW 31st St       |                                                                              |
| CITY-ST-ZIP    | Gainesville, FL 32605 |                                                                              |
| TITLE          | VD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Louise Hinton         |                                                                              |
| STREET ADDRESS | 3301 NW 29th Ave      |                                                                              |
| CITY-ST-ZIP    | Gainesville, FL 32605 |                                                                              |
| TITLE          | SD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Cheryl Ann Rowe       |                                                                              |
| STREET ADDRESS | 3636 NW 24 Pl.        |                                                                              |
| CITY-ST-ZIP    | Gainesville, FL 32605 |                                                                              |
| TITLE          | TD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Diane Lockhart        |                                                                              |
| STREET ADDRESS | 2622 NW 24th Pl.      |                                                                              |
| CITY-ST-ZIP    | Gainesville, FL 32605 |                                                                              |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Beverly Hammer        |                                                                              |
| STREET ADDRESS | 4909 NW 18th. place   |                                                                              |
| CITY-ST-ZIP    | Gainesville, FL 32060 |                                                                              |
| TITLE          | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Jane Catalanotto      |                                                                              |
| STREET ADDRESS | 8729 SW 61 Ave.       |                                                                              |
| CITY-ST-ZIP    | Gainesville, FL 32608 |                                                                              |

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: PD Carolyn M Seeger Carolyn M. Seeger 2-25-00 352-376-0603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

Addendum to 2000 Uniform Business Report Document # 150640  
Filed by J. Hillis Miller Health Center Gift Shop Inc. 7506  
00034410

Additions not listed in block 10 or block 11

D Pat Neilson

10347 SW 45 Ln

Gainesville, Fl. 32608

D Barbara Hansen

7713 NW 51st Dr.

Gainesville, Fl. 32653

D Jo Ella Harris

5401 NW 91st Blvd

Gainesville, Fl. 32653

D Jenny Streiff

81 NW 44th St.

Gainesville, Fl. 32607

D Martha Jane Friedrich

1045 NW 41 Dr.

Gainesville, Fl. 32605