2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 08:00 AM
Secretary of State

DOCUMENT # **750640**

1. Entity Name
J. HILLIS MILLER HEALTH CENTER GIFT SHOP, INC.

Principal Place of Business	Mailing Address
BOX 100351	BOX 100351
TEACHING HOSPITAL & CLINICS	TEACHING HOSPITAL & CLINICS
GAINESVILLE FL	GAINESVILLE FL
326112001 US	326112001 US

2. Principal Place of Business	3. Mailing Address
BOX 100351	BOX 100351
Suite, Apt. #, etc.: TEACHING HOSPITAL & CLINICS	Suite, Apt. #, etc.: TEACHING HOSPITAL & CLINICS
City & State: GAINESVILLE FL	City & State: GAINESVILLE FL
Zip: 326100351 Country: US	Zip: 326100351 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1984077** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEEGER CAROLY
3415 NW 31ST ST

GAINESVILLE FL
32605

7. Name and Address of New Registered Agent

Name
HINTON LOUISE

Street Address (P.O. Box Number is Not Acceptable)
3301 NW 29TH AVE.

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 **LOUISE HINTON** **02/05/2001**
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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	D		TITLE	D	
NAME	CARTALANOTTO JANE		NAME	CATALANOTTO JANE DIR	
STREET ADDRESS	8729 SW 61 AVE		STREET ADDRESS	8729 SW 61 AVE	
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	HAMMER BEVERLY		NAME	HANSEN BARBARA DIR	
STREET ADDRESS	4909 NW 18TH PLACE		STREET ADDRESS	7313 NW 51 DRIVE	
CITY-ST-ZIP	GAINESVILE FL 32060		CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	GRONWALL BEVERLY		NAME	FRICKER LORRIE SECY	
STREET ADDRESS	637 NW 84TH ST		STREET ADDRESS	8309 SW 39 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	PD	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	CATALANOTTO JANE		NAME	LOCKHART DIANE TREAS	
STREET ADDRESS	8729 SW 61 AVE		STREET ADDRESS	2622 NW 27 PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	☐ Delete	TITLE	VD	☒ Change ☐ Addition
NAME	SEEGER CAROLYN		NAME	NEILSON PAT VP	
STREET ADDRESS	3415 NW 31ST ST.		STREET ADDRESS	10347 SW 45 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	BERGER SANDY		NAME	HINTON LOUISE PRES	
STREET ADDRESS	9946 SW 19TH LANE		STREET ADDRESS	3301 NW 29TH AVE	
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP	GAINESVILLE FL 32605	

CR2E037 (11/00)

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: LOUISE HINTON PRES 02/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GRONWALL, BEVERLY, DIRECTOR
637 NW 84 ST

GAINESVILLE, FL 32607

ROWE, CHERYL ANN, DIRECTOR
3636 NW 24 PLACE

GAINESVILLE, FL 32605

FRIEDRICH, MARTHA JANE, DIRECTOR
1045 NW 41 DRIVE

GAINESVILLE, FL 32605

HAMMER, BEVERLY, DIRECTOR
4909 NW 18 PLACE

GAINESVILLE, FL 32605

SEEGER, CAROLYN, DIRECTOR
3415 NW 31 ST

GAINESVILLE, FL 32605

BERGER, SANDY, DIRECTOR
9946 SW 19 LANE

GAINESVILLE, FL 32607

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3415 NW 31 ST

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BERGER, SANDY
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