

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90532 006 ****70.00

DOCUMENT # 752422

1. Entity Name

COMMUNITY ALTERNATIVE SERVICES FOUNDATION, INC.



Principal Place of Business

**1300 NW 6TH STREET
GAINESVILLE FL 32601-9222**

Mailing Address

**1300 NW 6TH STREET
GAINESVILLE FL 32601-9222**

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 **59-2119072**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PEARCE, JAMES F
1300 NW 6TH ST
GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☒ Delete
NAME	MCDANIEL, LARRY	
STREET ADDRESS	14 NE 1ST ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	PD	☐ Delete
NAME	KALIVODA, LOUIS	
STREET ADDRESS	1300 NW 83RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	M	☐ Delete
NAME	PEARCE, JAMES F	
STREET ADDRESS	1300 NW 6TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	☐ Delete
NAME	LANE, H. THOMAS JR	
STREET ADDRESS	418 SW TERRACE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	TD	☐ Delete
NAME	JOHNSON, RANDY S	
STREET ADDRESS	116 NW 16TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	☐ Change ☒ Addition
NAME	Mitzi Austin	
STREET ADDRESS	P.O. Box 23109	
CITY-ST-ZIP	GAINESVILLE, FL 32602	
TITLE	VD	☒ Change ☐ Addition
NAME	LANE, H. THOMAS JR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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

1/16/03 (352) 334-3800 x 3812

CR2E037 (10/02)