

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752671

1. Entity Name

GAINESVILLE SUZUKI PLAYERS, INC.

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90067 025 ****61.25

Principal Place of Business

P.O. BOX 23921, N/A
C/O SONNHILD F. KITTS
GAINESVILLE FL 32602
US

Mailing Address

4411 NW 19 AVE
GAINESVILLE FL 32605
US

2. Principal Place of Business

Gainesville Suzuki Players

3. Mailing Address

Gainesville Suzuki Players

Suite, Apt. #, etc.

3415 N.W. 10th Ave

Suite, Apt. #, etc.

3415 N.W. 10th Ave

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32605

Country

Zip

32605

Country

4. FEI Number

59-2088069

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KITTS, SONNHILD, F.
3415 N.W. 10TH AVE.
GAINESVILLE FL 32605

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.

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

TITLE DD ☐ Delete
NAME KITTS, SONNHILD
STREET ADDRESS 3415 NW 10 AVE.
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE P/D ☒ Delete
NAME MUNI, KATHY
STREET ADDRESS 4411 NW 19TH AVE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE V ☐ Delete
NAME DERRICO, DAVID
STREET ADDRESS 3716 NW 7TH AVE
CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE T ☐ Delete
NAME TURLA, MILA
STREET ADDRESS 7702 SW 26 PL
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ☐ Delete
NAME HILL, MARY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Change ☐ Addition
NAME GOLDBERG, JEFFREY
STREET ADDRESS 16114 N.W. 32nd Ave.
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE M ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME HARRISON, MILA
STREET ADDRESS 1011 SW 101 STREET
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE V/D ☐ Change ☒ Addition
NAME HILL, MARY
STREET ADDRESS 9711 SW 75th Way
CITY-ST-ZIP GAINESVILLE, FL 32608

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:

JEFFREY GOLDBERG

3-06-01 352472-2106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)