

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753888

1. Entity Name

CRIS COLLINSWORTH FOUNDATION, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90029 039 ****70.00

Principal Place of Business

4300 S.W. 13TH ST.
GAINESVILLE FL 32608

Mailing Address

4300 S.W. 13TH ST.
GAINESVILLE FL 32608-4006

2. Principal Place of Business

Casey Smith, Director

Suite, Apt. #, etc.

602 S. Main St. Ste # H8

City & State
Gainesville, FL

Zip
32601

Country
USA

3. Mailing Address

Casey Smith, Director

Suite, Apt. #, etc.

602 S. Main St. Ste # H8

City & State
Gainesville, FL

Zip
32601

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2932441

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARR, DOUGLAS L
4300 S.W. 13TH ST.
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

Rhonda Mowry

Street Address (P.O. Box Number is Not Acceptable)

6103 NW 52 Terrace

City

Gainesville

FL

Zip Code

32653

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

Rhonda Mowry

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/4/00

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	V	<input type="checkbox"/> Delete
NAME	GUTEKUNST, RICHARD	
STREET ADDRESS	3942 N.W. 25TH CIRCLE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STARR, DOUGLAS	
STREET ADDRESS	4300 S.W. 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUMMERLIN, STEVE	
STREET ADDRESS	1330 NW 6TH ST, STE E	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUNKIS, ROGER	
STREET ADDRESS	12161 NE 10 TERR	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRANTLEY, JOHN	
STREET ADDRESS	2119 SE FORT KING ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOWRY, RHONDA	
STREET ADDRESS	6103 NW 52ND TERR	
CITY-ST-ZIP	GAINESVILLE FL 32653	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UMLAUF, TOM	
STREET ADDRESS	10555 NW 36th Lane	
CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINSWORTH, CRIS	
STREET ADDRESS	31 Crow Hill	
CITY-ST-ZIP	Fort Thomas, KY 41075	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINSWORTH, GREG	
STREET ADDRESS	5401 S. KIRKMAN RD, AmSouth Bank, Ste # 650	
CITY-ST-ZIP	ORLANDO, FL 32819-9906	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rhonda Mowry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00 (352) 377-4051 X48

Date

Daytime Phone #

CR2E037 (9/99)