

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 03, 2001 08:00 AM****Secretary of State****DOCUMENT # 753888**

1. Entity Name

CRIS COLLINSWORTH FOUNDATION, INC.

Principal Place of Business

602 S. MAIN ST., STE. H8

GAINESVILLE

32601

FL

Mailing Address

602 S. MAIN ST., STE. H8

GAINESVILLE

32601

FL

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

59-2932441

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUTCH R. WILLIAM
500 N.E. 8TH AVE.OCALA FL
34470 US

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

01/03/2001

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

(NOTE: Registered Agent signature required when reinstalling)

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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOWRY RHONDA		NAME		
STREET ADDRESS	6103 NW 52ND TERR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTLEY JOHN		NAME		
STREET ADDRESS	2119 SE FORT KING ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH CASEY		NAME		
STREET ADDRESS	602 S. MAIN STREET, STE. H8		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLLINSWORTH CRIS		NAME		
STREET ADDRESS	31 CROW HILL		STREET ADDRESS		
CITY-ST-ZIP	FORT THOMAS KY 41075		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTLEY JOHN WILL		NAME	COLLINSWORTH ABE W	
STREET ADDRESS	602 S. MAIN STREET, STE. H8		STREET ADDRESS	7349 SOMERSET SHORES CT	
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTEKUNST RICHARD		NAME		
STREET ADDRESS	3942 N.W. 25TH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		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)(f), 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:

John Brantley

P

01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)