## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#753888** 

Entity Name: CRIS COLLINSWORTH FOUNDATION, INC.

FILED Jan 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 602 S. MAIN ST., STE. H8 GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** 602 S. MAIN ST., STE. H8 GAINESVILLE, FL 32601 FEI Number: 59-2932441 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FUTCH, R. WILLIAM 500 N.E. 8TH AVE. US OCALA, FL 34470 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GUTEKUNST, RICHARD Name: Name: Address: 3942 N.W. 25TH CIRCLE Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition COLLINSWORTH, ABE W Name: Name: Address: 7349 SOMERSET SHORES CT Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition COLLINSWORTH, CRIS Name: Name: 31 CROW HILL Address: Address: City-St-Zip: FORT THOMAS, KY 41075 City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: SMITH, CASEY Name: 602 S. MAIN STREET, STE. H8 Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: Title: () Delete Title: () Change () Addition BRANTLEY, JOHN Name: Name: 2119 SE FORT KING ST Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: Title: () Delete Title: () Change () Addition MOWRY, RHONDA Name: Name: Address: 6103 NW 52ND TERR Address: GAINESVILLE, FL 32653 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CASEY SMITH D 01/29/2002