

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756223

1. Entity Name

UNITED GAINESVILLE COMMUNITY DEVELOPMENT CORPORA

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90105 029 ****70.00

Principal Place of Business 505 NW 2ND AVENUE P.O. BOX 2518 GAINESVILLE FL 32602 US	Mailing Address 505 NW 2ND AVENUE P.O. BOX 2518 GAINESVILLE FL 32602-2518 US
-------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

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 59-2221464	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
-------------------------------------------------	---------------------------------------------

CASTELLO, WAYNE 2772 N.W. 43RD. ST. SUTIE W GAINESVILLE, FL 32606	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	DATE
-----------	------

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME PCD WILLIAMS, ROSA STREET ADDRESS 423 NW 6TH AVE CITY-ST-ZIP GAINESVILLE FL	<input type="checkbox"/> Delete	TITLE NAME TD WILLIAMS, JANIE STREET ADDRESS 811 SW 5TH ST CITY-ST-ZIP GAINESVILLE FL 32601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD WASHINGTON, ANN STREET ADDRESS 620 SW 5TH TERR CITY-ST-ZIP GAINESVILLE FL	<input type="checkbox"/> Delete	TITLE NAME VD ELLIS, LARRY STREET ADDRESS 423 N W 6TH ST CITY-ST-ZIP GAINESVILLE FL 32614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Rosa B. Williams</i>	President/Chair	2/23/00 (352) 376-8891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CR2E037 (9/99)