

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91124 011 *****70.00

DOCUMENT # 756223

1. Entity Name

UNITED GAINESVILLE COMMUNITY DEVELOPMENT CORPORA

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
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, ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLO, WAYNE
2772 N.W. 43RD. ST.
SUITE W
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name

Charles Holden, Jr.

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

2772-S N.W. 43rd Street

City

Gainesville

FL

Zip Code

32606-7433

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 **PCD** ☐ Delete
NAME **WILLIAMS, ROSA**
STREET ADDRESS **423 NW 6TH AVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** ☐ Delete
NAME **WILLIAMS, JANIE**
STREET ADDRESS **811 SW 5TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **SD** ☐ Delete
NAME **WASHINGTON, ANN**
STREET ADDRESS **620 SW 5TH TERR**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ Delete
NAME **ELLIS, LARRY**
STREET ADDRESS **423 N W 6TH ST**
CITY-ST-ZIP **GAINESVILLE FL 32614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCD** ☒ Change ☐ Addition
NAME **Ellis, Larry T.**
STREET ADDRESS **4413 NW 51st Drive**
CITY-ST-ZIP **Gainesville, FL 32606**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Nichols, Ted**
STREET ADDRESS **5629 NW 69th Lane**
CITY-ST-ZIP **Gainesville, FL 32653-7020**

TITLE **VD** ☒ Change ☐ Addition
NAME **Daniels, Roland C.**
STREET ADDRESS
CITY-ST-ZIP **Gainesville, FL**

TITLE **M** ☐ Change ☒ Addition
NAME **Graham, Appie L., Corp. Exec. Dir.**
STREET ADDRESS **505 N.W. 2nd Avenue**
CITY-ST-ZIP **Gainesville, FL 32602**

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: *Appie L. Graham* **Appie L. Graham**

04/13/01 (352) 376-8891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0019872