

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

0064614

**DOCUMENT # 756223**

1. Entity Name

**UNITED GAINESVILLE COMMUNITY DEVELOPMENT CORPORATION, INC.**

02-21-2002 90118 038 \*\*\*\*\*70.00

Principal Place of Business

Mailing Address

505 NW 2ND AVENUE  
P.O. BOX 2518  
GAINESVILLE FL 32602  
US

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

7. Name and Address of New Registered Agent

**HOLDEN, CHARLES**  
**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
ELLIS, LARRY T  
4413 NW 51ST DRIVE  
GAINESVILLE FL 32606 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~PCD~~  
~~Ted Nichols~~  
~~5629 NW 69TH LANE~~  
~~GAINESVILLE FL 32653-7020~~ ☒ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**OK NO charge**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
NICHOLS, TED  
5629 NW 69TH LANE  
GAINESVILLE FL 32653-7020 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DANIELS, ROLAND C  
423 N W 6TH ST  
GAINESVILLE FL 32614 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
GRAHAM, APPIE L  
505 NW 2ND AVENUE  
GAINESVILLE FL 32602 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Easter Cindy Head  
2918 NE 14th Drive  
Gainesville, FL 32609 ☐ Change ☒ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)