

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # 759007

1. Entity Name

ALACHUA COUNTY GENEALOGICAL SOCIETY, INC.

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

03-06-2000 90104 030 ****61.25

Principal Place of Business

Mailing Address

1915 NW 3RD TERR.
PO BOX 12078
GAINESVILLE FL 32605

1915 NW 3RD TERR.
PO BOX 12078
GAINESVILLE FL 32604-0078

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

59-2372257

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

~~BROWN, WILLIAM~~
~~3415 NW 236 STREET~~
~~NEWBERRY FL 32669~~

Name LAURIE EDVARDSSON

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

3436 N.W. 17 TERRACE

City GAINESVILLE FL FL Zip Code 32605

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 LAURIE EDVARDSSON, PRESIDENT

Feb 29/00

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 D ☒ Delete
NAME KOCKRITZ, FLOREINE
STREET ADDRESS 1920 S. W. ROCKY PT. RD
CITY-ST-ZIP GAINESVILLE FL 32608-5422

TITLE VP ☒ Delete
NAME BROWN, ELAINE
STREET ADDRESS 2415 NW 236TH ST
CITY-ST-ZIP NEWBERRY FL 32669

TITLE D ☐ Delete
NAME SIMPSON, MARTHA
STREET ADDRESS 2716 NW 31 TERR
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Delete
NAME MURPHY, MARY FRAN
STREET ADDRESS 6125 NW 41ST DRIVE
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE S ☐ Delete
NAME SINGLEY, MARY
STREET ADDRESS 1415 NW 7TH TERR
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE T ☐ Delete
NAME BIRKET, MARGARET
STREET ADDRESS 3527 N.W. 38 ST
CITY-ST-ZIP GAINESVILLE FL 32606-6134

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V.P. ☐ Change ☐ Addition
NAME J. POWELL
STREET ADDRESS P.O. BOX 292
CITY-ST-ZIP WALDO, FL 32694

TITLE V.P. ☐ Change ☐ Addition
NAME B. POWELL
STREET ADDRESS 5114 NW 27 TERRACE
CITY-ST-ZIP GAINESVILLE, FL 32605

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: MARGARET BIRKET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 29, 2000 352/371-1440

Date

Daytime Phone #

CR2E037 (9/99)