

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90084 026 ****61.25

DOCUMENT # 759479

1. Entity Name

Lot 9 Tower Village III Condominium Association, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7219 SW 45th PLACE

Suite, Apt. #, etc.

3. Mailing Address

9623 SW 53rd ROAD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gainesville FL

City & State
Gainesville FL

4. FEI Number

Applied For

☒ Not Applicable

Zip
32608

Country
USA

Zip
32608

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jeffrey Quigley

Street Address (P.O. Box Number is Not Acceptable)
9623 SW 53rd ROAD

City Gainesville

FL

Zip Code
32608

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

04-08-02

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP | PD Jeffrey Quigley 9623 SW 53rd Rd Gainesville, FL 32608 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Denny Trusty 7219 SW 45th Place Apt B Gainesville, FL 32608 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Dennis Albert 1910 SW 75th Terrace Gainesville, FL 32607 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Quigley

Date

Daytime Phone #

4/15/02 352-318-0683

CR2E037B (12/01)