

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763540**

1. Entity Name

MILLHOPPER SQUARE CONDOMINIUM, INC.

Principal Place of Business

**4400-A NW 23RD AVE
GAINESVILLE FL 32606**

Mailing Address

**4400-A NW 23RD AVE
GAINESVILLE FL 32606**

2. Principal Place of Business

4400-E N.W. 23rd Avenue

Suite, Apt. #, etc.

3. Mailing Address

4400-E N.W. 23rd Avenue

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32606

Country

USA

Zip

32606

Country

USA

4. FEI Number

59-2340701**10-0428270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEBB, HERBERT M., ESQ.
4400-E N.W. 23RD AVENUE
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
NAME **AGUIRRE, LUCY**
STREET ADDRESS **3540 N.W. 30TH BLVD.**
CITY-ST-ZIP **GAINESVILLE FL**TITLE **VD** ☐ Delete
NAME **IRAVANI, ZOHREH**
STREET ADDRESS **9013 GREAT HERON CIR**
CITY-ST-ZIP **ORLANDO FL**TITLE **STD** ☐ Delete
NAME **WALDROP, CONNIE**
STREET ADDRESS **1615 NW 21 AVE**
CITY-ST-ZIP **GAINESVILLE FL**TITLE **AVD** ☐ Delete
NAME **WEBB, HERBERT M.**
STREET ADDRESS **4400E. N.W. 23RD AVE.**
CITY-ST-ZIP **GAINESVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Signature of Herbert M. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01

(352) 372-5546

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0020296

CR2E037 (10/00)