

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90189 006 \*\*\*\*61.25

**DOCUMENT # 764307**

1. Entity Name

**HIGHWAYS AND HEDGES-GO TELL INTERDENOMINATIONAL**

Principal Place of Business

Mailing Address

1533 S.E. 3RD AVENUE  
 GAINESVILLE FL 32601  
 US

1603 SE THIRD AVE  
 GAINESVILLE FL 32641-7347  
 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

**59-2225510**

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

**DAVIS, MAE O.A.**  
**619 NORTHEAST 18TH STREET**  
**GAINESVILLE FL 32601**

Name **Davis, Mae O.A.**

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

**1603 S.E. 3rd Ave.**

City **Gainesville**

**FL**

Zip Code **32641**

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 **PD** ☐ Delete  
 NAME **DAVIS, MAE OSTEEN (AU)**  
 STREET ADDRESS **1603 SE 3RD AVE**  
 CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE **VD** ☐ Delete  
 NAME **JOHNSON, LYNDA BROWN**  
 STREET ADDRESS **1439 SOUTHEAST 1ST TERR**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **Johnson, Lynda Brown**  
 STREET ADDRESS **107 N.E. 15 Street**  
 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **D** ☐ Delete  
 NAME **REDDICK, FLOSSIE M**  
 STREET ADDRESS **3540 SW ARCHER RD, LOT 308**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

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

TITLE **TD** ☐ Delete  
 NAME **NEVA SMITH**  
 STREET ADDRESS **1534 NE 3RD AVE**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Neva Smith**  
 STREET ADDRESS **407 S.E. 15 Street**  
 CITY-ST-ZIP **Gainesville, FL 32641**

TITLE **D** ☐ Delete  
 NAME **DEBOSE, JERRY**  
 STREET ADDRESS **P. O. BOX 343 N/A**  
 CITY-ST-ZIP **LA CROSSE FL 32658**

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

TITLE **D** ☒ Delete  
 NAME **PAT A. WIGGINS**  
 STREET ADDRESS **P.O. BOX 293 - 14311 SW 175TH TERRACE**  
 CITY-ST-ZIP **ARCHER FL**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Claretha D. Johnson**  
 STREET ADDRESS **904 SW 62 Terr.**  
 CITY-ST-ZIP **Gainesville, FL 32607**

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: **Mae Osteen Davis** **MAE OSTEEN DAVIS** **Mae osteen Davis** **04/07/00 - 352/76-4339**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)