

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77533

1. Entity Name

GROUP 5 & ASSOCIATES, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90050 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1240 NW 11TH AVENUE  
SUITE B  
GAINESVILLE FL 32601-4146  
US

1240 NW 11TH AVE  
SUITE B  
GAINESVILLE FL 32601-4043  
US

2. Principal Place of Business

3. Mailing Address

1215 NW 14 Ave

1215 NW 14 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip 32601

Country

Zip 32601

Country

USA

4. FEI Number

59-2176641

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

DENNY EVANS, MARSHA  
1240 NW 11TH AVENUE  
SUITE B  
GAINESVILLE FL 32601

Name

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

1215 NW 14 Ave

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 1/6/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete  
NAME BACHUS, SUZANNE  
STREET ADDRESS 1240 NW 11TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1215 NW 14 Ave  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME DENNY EVANS, MARSHA  
STREET ADDRESS 1240 NW 11TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1215 NW 14 Ave  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME TAYLOR, CANDACE  
STREET ADDRESS 1240 NW 11TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1215 NW 14 Ave  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)