

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92400

1. Entity Name

ASSOCIATION MANAGEMENT SERVICES OF GAINESVILLE,

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90315 011 ***150.00

Principal Place of Business

2830 NW 41 ST
STE F
GAINESVILLE FL 32606
US

Mailing Address

P O BOX 147050
30
GAINESVILLE FL 32614-7050
US

2. Principal Place of Business

3. Mailing Address

1931 NW 57 Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Gainesville FL

Zip

Country

Zip
32605

Country

Alachua

4. FEI Number

59-2411277

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

SMITH, BEVERLY K.
2830 NW 41 ST
STE F
GAINESVILLE FL 32606

Name
Beverly K. Smith

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

~~Suite F~~ 1931 NW 57 Terr

City
Gainesville

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, BEVERLY K 2830 NW 41 ST, STE F GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00 352/374-8090

CR2E034 (9/99)