

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91157 033 ***150.00

DOCUMENT # L15457

1. Entity Name
ALACHUA ADULT, CHILD AND FAMILY GUIDANCE CENTER,

Principal Place of Business

Mailing Address

**2831 NW 41ST ST
SUITE J
GAINESVILLE FL 32606
US**

**2831 NW 41ST
SUITE J
GAINESVILLE FL 32606
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 **59-2967570**

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

**YOZGAT, KIM E
2114 N.W. 40TH TERRACE
SUITE A-1
GAINESVILLE FL 32605**

Name

Susan Armstrong PhD

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

2931 NW 41st St

Suite J

City

Gainesville

FL

Zip Code

32606

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

Susan Armstrong PhD

Susan Armstrong Registered Agent 4-28-01

Signature, typed or printed name of registered agent and date 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, 2001 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 **PSVS** ☐ Delete
NAME **ARMSTRONG, SUSAN**
STREET ADDRESS **2626 NW 12TH AVE**
CITY-ST-ZIP **GAINESVILLE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Susan Armstrong PhD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01
Date

352 338 0164
Daytime Phone #

CR2E034 (10/00)