

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000005289

1. Entity Name

WTC OF GAINESVILLE, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 14 AM 10:02

Principal Place of Business

Mailing Address

2. Principal Place of Business

720 SW 2ND AVENUE

3. Mailing Address

720 SW 2ND AVENUE

Suite, Apt. #, etc.

SUITE 208

Suite, Apt. #, etc.

SUITE 208

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3597567

Applied For

Not Applicable

Zip

32601

Country

USA

Zip

32601

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH A. TONNER, MD  
720 SW 2ND AVENUE, SUITE 208  
GAINESVILLE, FL 32601

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JAMES WYNNE  
720 SW 2ND AVE, SUITE 208  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JOSEPH TONNER  
720 SW 2ND AVE, SUITE 208  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
JORGE CAMACHO  
720 SW 2ND AVE, SUITE 208  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
100003399351--9  
-09/20/00--01058--022

TITLE  
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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

9/14/00

Daytime Phone #

(352) 375-0302