

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED

May 24, 2001 8:00 am  
Secretary of State

05-03-2001 91012 002 \*\*\*\*70.00

DOCUMENT # N00000001435

1. Entity Name

THE ALACHUA COUNTY HOSPITALITY COUNCIL, INC.

Principal Place of Business

~~C/O UNIVERSITY OF FLORIDA HOTEL AND CON.~~  
1714 S.W. 34TH STREET  
GAINESVILLE FL 32608

Mailing Address

~~C/O UNIVERSITY OF FLORIDA HOTEL AND CON.~~  
1714 S.W. 34TH STREET  
GAINESVILLE FL 32608

2. Principal Place of Business

90 MUSEUM of NAT. History

Suite, Apt., etc.

HULL RD # 34 ST

City & State

GAINESVILLE, FL

Zip

32611

Country

USA

3. Mailing Address

SAM R

Suite, Apt., etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMANN, KARL  
C/O UNIVERSITY OF FLORIDA HOTEL AND CON.  
1714 S.W. 34TH STREET  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name MARY SALVAMOSER

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

90 MUSEUM of NAT. History

HULL ROAD # 34 ST

City GAINESVILLE, FL

FL

Zip Code 32611

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 MARY SALVAMOSER

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

(NOTE: Registered agent signature required when reinstating)

Date

4/15/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KAUFMANN, KARL	
STREET ADDRESS	1714 SW 34TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERREE, RICK	
STREET ADDRESS	1250 W. UNIVERSITY AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUNN, MATT	
STREET ADDRESS	1714 SW 34TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MARY SALVAMOSER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY SALVAMOSER	
STREET ADDRESS	HULL ROAD # 34 ST, POWELL HALL	
CITY-ST-ZIP	GAINESVILLE, FL 32611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MICHELLE GOODKIND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE GOODKIND	
STREET ADDRESS	2900 SW 13 ST	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MARY SALVAMOSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 352 846-2000 x204

Daytime Phone #

President  
Director

CR2E037 (9/00)

Secretary  
Director