

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0074713

DOCUMENT # N00000002113

1. Entity Name

**GAMBLE PLANTATION PRESERVATION ALLIANCE, INC.**

04-10-2001 90045 025 \*\*\*\*70.00

Principal Place of Business 3708 PATTEN AVE ELLENTON FL 34222	Mailing Address 3708 PATTEN AVE ELLENTON FL 34222
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2. Principal Place of Business Suite, Apt. #, etc. <i>N/A</i>	3. Mailing Address Suite, Apt. #, etc. <i>N/A</i>
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0997384	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

Name <b>AUST, AL</b>
Street Address (P.O. Box Number is Not Acceptable) <b>3708 PATTEN AVE</b>
<b>ELLENTON FL 34222</b>
City <i>N/A</i>
State <b>FL</b>
Zip Code

Name
Street Address (P.O. Box Number is Not Acceptable)
<i>N/A</i>
City
State <b>FL</b>
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 *N/A* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AUST, AL</b> <b>7947 WHITEBRIDGE GLEN</b> <b>UNIVERSITY PARK FL 34201</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BADEN, EARL</b> <b>1101 6TH AVE</b> <b>BRADENTON FL 34205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DETWIELER, MICHELLE</b> <b>2905 59TH ST W</b> <b>BRADENTON FL 34205</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FISCHER, JOAN</b> <b>3912 SADDLECREEK RD</b> <b>LAKELAND FL 33801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREER, BUBBLES</b> <b>4504 60TH ST W</b> <b>BRADENTON FL 34210</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TREVETHAN, JOHN</b> <b>1268 SPOONBILL LANDINGS CIR</b> <b>BRADENTON FL 34209</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Robert Daley</b> <b>7406 49th Ave. E.</b> <b>Bradenton, FL 34203</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Ann B. Eggers</b> <b>3352 Seaview St. Sarasota, FL34239</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Laura Lee Fischer</b> <b>2028 E. Forest Dr. Tallahassee, FL 32303</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Doris Wright</b> <b>1912 72nd St.NW, Bradenton, FL 34209</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Signature Required* (941) 359-0615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR A. L. Aust Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/00)