

# 2002 UNIFORM BUSINESS REPORT (UBR)

WFO

0085759

DOCUMENT # **N00000002113**

1. Entity Name

**GAMBLE PLANTATION PRESERVATION ALLIANCE, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY 2 PM 4:21

Operational Services



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3708 PATTEN AVE ELLENTON FL 34222</b>	Mailing Address <b>3708 PATTEN AVE ELLENTON FL 34222</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number <b>65-0997384</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**AUST, AL**  
~~3708 PATTEN AVE~~  
**ELLENTON FL 34222**

7. Name and Address of New Registered Agent

Name: **June Hartlieb**  
Street Address (P.O. Box Number is Not Acceptable): **← Same**  
City: \_\_\_\_\_ State: **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: June Hartlieb, president June Hartlieb 4-26-02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AUST, AL</b> <b>7947 WHITEBRIDGE GLEN UNIVERSITY PARK FL 34201</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BADEN, EARL</b> <b>1101 6TH AVE BRADENTON FL 34205</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DETWIELER, MICHELLE</b> <b>2905 59TH ST W BRADENTON FL 34205</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FISCHER, JOAN</b> <b>3912 SADDLECREEK RD 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 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 BRADENTON FL 34209</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>June Hartlieb</b> <b>6610 Stone River Rd. Bradenton, FL 34203</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Gail Jesse</b> <b>3942 Saddle Creek Rd. Lakeland, FL 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Bob Daly</b> <b>7406 49th Ave. E. Bradenton, FL 34203</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300005500619-2</b> <b>-05/09/02--01055--001</b> <b>*****70.00 *****70.00</b>	<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: June Hartlieb (June Hartlieb) 3/14/02 941-755-8050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)