

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006181

1. Entity Name

GAINESVILLE ADVERTISING FEDERATION, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90030 008 ****61.25

0020749

Principal Place of Business

C/O BAIRD CENTER
619 S. MAIN ST., STE. K
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 142107
GAINESVILLE FL 32614

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

59-3662233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOMES, BRENDA
14211 SW 70TH ST.
ARCHER FL 32618

7. Name and Address of New Registered Agent

Name

THOMAS, KINNON

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

619 S. MAIN ST., STE K

City

GAINESVILLE

FL

Zip Code

32601

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

13 April 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
NAME SOMES, BRENDA
STREET ADDRESS 14211 SW 70TH ST.
CITY-ST-ZIP ARCHER FL 32601 ☒ Delete

TITLE VD
NAME THOMAS, KINNON
STREET ADDRESS 619 S. MAIN ST., STE. K
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Delete

TITLE SD
NAME MATTOX, LIZ
STREET ADDRESS 619 S. MAIN ST., STE. K
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Delete

TITLE TD
NAME BOZEMAN, JAMES
STREET ADDRESS 619 S. MAIN ST., STE. K
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Delete

TITLE TD
NAME CLARK, MEL
STREET ADDRESS 619 S. MAIN ST., STE. K
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME THOMAS, KINNON
STREET ADDRESS 619 S. MAIN ST., STE. K
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Change ☐ Addition

TITLE VD
NAME DR. PISANI, JOE
STREET ADDRESS 619 S. MAIN ST., STE. K
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Change ☐ Addition

TITLE SD
NAME DONOVAN, PAUL
STREET ADDRESS 619 S. MAIN ST., STE. K
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Change ☐ Addition

TITLE TD
NAME MATTOX, LIZ
STREET ADDRESS 619 S. MAIN ST., STE. K
CITY-ST-ZIP GAINESVILLE FL 32601 ☒ Change ☐ Addition

TITLE D
NAME SOMES, BRENDA
STREET ADDRESS 14211 SW 70TH ST.
CITY-ST-ZIP ARCHER FL 32618 ☒ Change ☐ Addition

TITLE ☐ Change ☐ 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:

SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 April 01

Date

352-473-8000 438

Daytime Phone #

CR2E037 (10/00)