

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 29, 2002 8:00 am
Secretary of State

04-11-2002 90008 020 ****61.25

DOCUMENT # N00000008351

1. Entity Name

THE COUNCIL OF UNIVERSITY NEIGHBORHOOD ASSOCIATIONS, INC.

Principal Place of Business

Mailing Address

131 NW 22ND STREET
 GAINESVILLE FL 32603

131 NW 22ND STREET
 GAINESVILLE FL 32603

2. Principal Place of Business

2737 SW 4th Place

3. Mailing Address

2737 SW 4th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

City & State

Gainesville, FL

4. FEI Number

52-2301307

Applied For

Not Applicable

Zip

32607-3111

Country

Alachua

Zip

32607-3111

Country

Alachua

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HACKENBRACK, KARL
 131 NW 22ND STREET
 GAINESVILLE FL 32603

Gail Sasnett-Stauffer
 2737 SW 4th Place

7. Name and Address of New Registered Agent

Name Gail Sasnett-Stauffer

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

2737 SW 4th Place

City Gainesville

FL

Zip Code

32607-3111

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

Gail E. Sasnett-Stauffer

4-6-02

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 | D | HACKENBRACK, KARL | <input checked="" type="checkbox"/> Delete |
| NAME | | 131 NW 22ND STREET | |
| STREET ADDRESS | | GAINESVILLE FL 32603 | |
| CITY-ST-ZIP | | | |
| TITLE | D | SMITH, CINDY | <input checked="" type="checkbox"/> Delete |
| NAME | | 121 NW 28TH STREET | |
| STREET ADDRESS | | GAINESVILLE FL 32607 | |
| CITY-ST-ZIP | | | |
| TITLE | D | MALAGODI, MARJORIE | <input type="checkbox"/> Delete |
| NAME | | 3015 SW FIRST AVE | |
| STREET ADDRESS | | GAINESVILLE FL 32607 | |
| CITY-ST-ZIP | | | |
| TITLE | D | Gail Sasnett-Stauffer | <input type="checkbox"/> Delete |
| NAME | | 2737 SW 4th Place | |
| STREET ADDRESS | | Gainesville, FL 32607-3111 | |
| CITY-ST-ZIP | | | |
| TITLE | D | Susan Wright | <input type="checkbox"/> Delete |
| NAME | | 105 SW 42 St. | |
| STREET ADDRESS | | Gainesville, FL 32607-2766 | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | |
| 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:

Gail E. Sasnett-Stauffer

4-6-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)