

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000004981

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** AUDUBON PARK NEIGHBORHOOD ASSOCIATION OF GAINESVILLE, INC.

**Current Principal Place of Business:**

2114 N.E. 40TH TERRACE  
SUITE A-1  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

2114 N.E. 40TH TERRACE  
SUITE A-1  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUTCH, SAMUEL A  
2114 N.E. 40TH TERRACE  
SUITE A-1  
GAINESVILLE, FL 32605

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCEACHERN, W.E.  
Address: 1020 SW 11TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: DRAKE, DAVID  
Address: 1015 SW 11TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: SIMONS, ROBERT  
Address: 1122 SW 11TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: CRIDER, LINDA B  
Address: 1030 SW 11TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W E MCEACHERN

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date