

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04485

1. Entity Name

ALACHUA COUNTY YOUTH FAIR AND LIVESTOCK SHOW ASS

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90038 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2800 NE 39TH AVENUE  
GAINESVILLE FL 32609

2800 NE 39TH AVENUE  
GAINESVILLE FL 32609-2658

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2319316

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENTRY, JOHN E.  
2602 NW 156TH AVENUE  
GAINESVILLE FL 32609

Name

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

City

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ODOM, DONNIE  
STREET ADDRESS RT 1 BOX 22Q  
CITY-ST-ZIP ALACHUA FL

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME TAYLOR, TOMMY  
STREET ADDRESS RT 2 BOX 239  
CITY-ST-ZIP ALACHUA FL

TITLE PD ☐ Change ☒ Addition  
NAME Scott Taylor  
STREET ADDRESS 16401 N.W 78th Ave  
CITY-ST-ZIP Alachua, FL 32615

TITLE SD ☐ Delete  
NAME IMLER, JOAN  
STREET ADDRESS RT 2 BOX 117  
CITY-ST-ZIP ALACHUA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME GENTRY, JOHN E  
STREET ADDRESS 2602 NW 156TH AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *John E. Gentry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/29

352-395-5251  
352-395-5209  
Daytime Phone #

CR2E037 (9/99)