

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

02-13-2003 90220 042 ****61.25

DOCUMENT # N04485

1. Entity Name

ALACHUA COUNTY YOUTH FAIR AND LIVESTOCK SHOW ASSOCIATION, INC.



Principal Place of Business

2800 NE 39TH AVENUE
GAINESVILLE FL 32609

Mailing Address

2800 NE 39TH AVENUE
GAINESVILLE FL 32609

2. Principal Place of Business

3. Mailing Address

PO Box 358486

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

4. FEI Number 59-2319316

Applied For

Not Applicable

Zip

Country

32635

US

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 Stella Burnham

Street Address (P.O. Box Number is Not Acceptable)
22202 Old Providence Rd

City Alachua

FL 32615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stella Burnham, Treasurer

2/1/03

Signature of person or persons of registered agent and use 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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ODOM, DONNIE RT 1 BOX 22Q ALACHUA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, SCOTT 16401 NW 78TH AVE ALACHUA FL 32615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD IMLER, JOAN RT 2 BOX 117 ALACHUA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENTRY, JOHN E 2602 NW 156TH AVE GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President Kathleen Eubanks 3615 SW Wacahoota Road Micanopy, FL 32667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President David Hines 1019 NE 90th Ave High Springs, FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer Stella Burnham 22202 Old Providence Rd Alachua, FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary Shanna Davis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Stella Burnham

2/1/03

352-248-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)