

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09908

1. Entity Name

GAINESVILLE NORTH CONDOMINIUM WAREHOUSE 3 OWNERS

Principal Place of Business

Mailing Address

4609 B-3 N.W. 6TH ST.
GAINESVILLE FL 32609

4609 B-3 N.W. 6TH ST.
GAINESVILLE FL 32609

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

59-2725923

Applied For

Not Applicable

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

CHESHIRE, LARRY H.
4609 B-3 NW 6TH STREET
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 CHESHIRE, LARRY
STREET ADDRESS 4609 B-3 NW 6 ST.
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE STD ☒ Delete
NAME CHESHIRE, CORALEE H.
STREET ADDRESS 4609 B-3 NW 6TH ST.
CITY-ST-ZIP GAINESVILLE FL

TITLE STD ☐ Change ☒ Addition
NAME CHESHIRE, KYLE D.
STREET ADDRESS 4609 B-3 N.W. 6th ST.
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE VD ☐ Delete
NAME CHEUVRONT, ALLEN E
STREET ADDRESS 4609 B-3 N.W. 6TH ST.
CITY-ST-ZIP GAINESVILLE FL

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

TITLE V ☐ Delete
NAME DELONG, GREG
STREET ADDRESS 4609B-3 NW 6TH ST.
CITY-ST-ZIP GAINESVILLE FL 32609

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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

352-375-2121

Daytime Phone #

CR2E037 (9/99)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90183 044 ****61.25

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DO NOT WRITE IN THIS SPACE