

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

02-27-2002 90039 037 ****70.00

DOCUMENT # N12094

1. Entity Name

ALACHUA COUNTY SINGLES CLUB, INC.

Principal Place of Business

Mailing Address

UNIVERSITY CITY LIONS CLUB
~~9308 NW MAUN TERRACE~~
 GAINESVILLE FL 32601

PO BOX 5172
 GAINESVILLE FL 32627

2. Principal Place of Business

3. Mailing Address

University City Lions Club
 Suite, Apt. #, etc.

PO Box 5172
 Suite, Apt. #, etc.

3518 N Main Terrace
 City & State

City & State

Gainesville FL
 Zip

City & State

32605 Alachua
 Country

City & State

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

11-2892013

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

BUNYE, THOMAS
 3511 NW 75TH TERRACE
 GAINESVILLE FL 32608

Name Philip Bristow

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

3020 SE US Hwy 301
 Hawthorne FL

City Hawthorne FL

Zip Code 32640

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

Philip Bristow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

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	P	<input checked="" type="checkbox"/> Delete
NAME	BUNYE, THOMAS	
STREET ADDRESS	3511 N.W. 75TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOLAN, EARL	
STREET ADDRESS	11226 NW 34TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	HOLDER, OLA MAE	
STREET ADDRESS	2323 NW-158TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSS, FRANKIE	
STREET ADDRESS	8 HILLSBORO CIRCLE	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LA RUE, LANSBURY	
STREET ADDRESS	8620 NW 13TH STREET #57	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	3VP	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, GILBERT H	
STREET ADDRESS	8620 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32653	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Philip Bristow	
STREET ADDRESS	3020 SE US Hwy 301	
CITY-ST-ZIP	Hawthorne FL 32640	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Sewall	
STREET ADDRESS	3723 NW 55th Pl	
CITY-ST-ZIP	Gainesville FL 32653	
TITLE	2V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Audrey Chalker	
STREET ADDRESS	1719 NW 23rd Ave 2-B	
CITY-ST-ZIP	Gainesville FL 32605	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cleo Abbott	
STREET ADDRESS	1810 NW 23rd Blvd Apt 262	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmiel Marham	
STREET ADDRESS	18350 S.E. 60th St	
CITY-ST-ZIP	Morrison, FL 32668	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia E Regbury	
STREET ADDRESS	4938 NW 30th Pl	
CITY-ST-ZIP	Gainesville, FL 32606	

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:

Philip Bristow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)