

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15356

1. Entity Name

NORTH CENTRAL FLORIDA AIDS NETWORK, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90387 026 ****70.00

Principal Place of Business

Mailing Address

3615 SW 13TH ST
SUITE 3
GAINESVILLE FL 32608
US

P. O. BOX 5755
GAINESVILLE FL 32627-5755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2849338

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

ANTONELLI, JOSEPH F
3615 SW 13TH STREET
SUITE 3
GAINESVILLE FL 32608

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 **D** ☒ Delete
NAME **KURITSKY, PAUL**
STREET ADDRESS **1330 NW 55TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Greg Johnson**
STREET ADDRESS **5437 NW 46 TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32653**

TITLE **S** ☒ Delete
NAME **STUART, MARK**
STREET ADDRESS **2631 NW 48TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VP/D** ☐ Change ☒ Addition
NAME **SADIE SANDERS, Ph.D.**
STREET ADDRESS **3615 SW 13 STREET #3**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **T** ☐ Delete
NAME **WALTERS, N F CPA**
STREET ADDRESS **2630 NW 41ST STREET**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Wayne Thomas**
STREET ADDRESS **1300 NW 6 STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **D** ☒ Delete
NAME **VAZQUEZ-PAGANO, ALGESIA E**
STREET ADDRESS **111 SW 1ST ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Lucille Johnson**
STREET ADDRESS **13195 SE 48 TERRACE**
CITY-ST-ZIP **Belleview, FL 34420**

TITLE **D** ☒ Delete
NAME **LOVE, GWENDOLYN**
STREET ADDRESS **1300 NW 6TH ST**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Richard Babb**
STREET ADDRESS **2814 NW 104 COURT #D**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete
NAME **AMAYE-OBU, ELTHA L LPN**
STREET ADDRESS **1960 NW 31ST AVE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **TOM BERWANGER**
STREET ADDRESS **3615 SW 13 STREET #3**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



NCFAN

North Central Florida AIDS Network, Inc.
PO Box 5755 • Gainesville, FL • 32627-5755
3615 SW 13th Street • Suite 3 & 4 • Gainesville, FL • 32608
(352) 372-4370 • (800) 824-6745

N15356
00018898

Re: N15356

Executive Director

Joseph F. Antonelli

Additional Directors

Edith Bruce
3906 NW 21 Street
Gainesville, FL 32605

Dr. Jay Dutton
2828 NW 14th Avenue
Gainesville, FL 32609

MARY J. EURARD
734 NE 2 Street
Gainesville, FL 32601

Michael Hastings
5437 NW 46 Place
Gainesville, FL 32653

Richard PLA-SILVA
800 NW 36 Avenue
Gainesville, FL 32609

Steven Womeldorf
321 NW 19 Lane #D
Gainesville, FL 32609

Executive Committee

President

Richard Pla-Silva
Venture Realty

Vice President

Greg Johnson
Quality Cleaners

Treasurer

N. Franklin Walters
Certified Public
Accountant

Secretary

Michael Hastings
Quality Cleaners

Member-at-Large

Gwendolyn Love
Comer Drug Store, Inc.

Past President

P. Gregory Strohm
Consultant

