2000 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2000 8:00 am Secretary of State **DOCUMENT # N33974** 430 BUILDING ASSOCIATION, INC. 05-10-2000 90174 015 ****61.25 rincipal Flace of Business Mailing Address 430 NORTH MAIN STREET : North Main Street ____ FL 32601-5329- **334**5 GAINESVILLE FL 32601-3305 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3065998 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEVERLY BARTLETT DELETE 10328 SW-35TH PLACE GAINESVILLE 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. (66/6) ☐ Change **Addition** Delete TITLE MORGAN, GILBERTE. O'HARA, EMILY NAME 11148 N.W. 61ST TERRAGE **CR2E037** STREET ADDRESS 10414 SW 55TH PLACE ALACKUA, FL. 32615-7401 CITY-ST-7IP ST-ZIP GAOINESVILLE FL 32608 ☐ Change ☐ Addition SD Delete TITLE HARRISON, JUANITA STREET ADDRESS **4808 NW 57TH DRIVE** CITY-ST-ZIP ST-7IP GAINESVILLE FL 32606 ☐ Delete ☐ Change ☐ Addition TITLE NAME BARTLETT, BEVERLY STREET ADDRESS **≱DDDCCC** 1421 NW 47TH TERRACE CITY-ST-7/2 ST 7IP GAINESVILLE FL 32605 ☐ Change ☐ Addition Delete TITLE NAME EMERSON, MARTHA STREET ADDRESS 3115 NW 31ST STREET CITY-ST-ZIP ST-ZIP GAINESVILLE FL 32605 ☐ Addition ☐ Change TITLE ☐ Delete HARTWELL, LONNIE D STREET ADDRESS 1830 SW 44TH AVE. CITY-ST-ZIP et zip GAINESVILLE FL 32608 ☐ Change ☐ Addition Delete TITLE HERBSTMAN, BARBARA NAME 407 S.W. 80TH DRIVE STREET ADDRESS CITY-ST-ZIP ST-ZIP GAINESVILLE FL 32607 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 tike empowered. 904-418-2070

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