

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33974

1. Entity Name

430 BUILDING ASSOCIATION, INC.

Principal Place of Business

430 NORTH MAIN STREET
GAINESVILLE FL 32601-3305

Mailing Address

430 NORTH MAIN STREET
GAINESVILLE FL 32601-3305

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

59-3065998

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

BARTLETT, BEVERLY
1421 NW 47TH TERR
GAINESVILLE FL 32605

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 GILBERT, MORGAN E
STREET ADDRESS 1148 NW 61ST TERR
CITY-ST-ZIP ALACHUA FL 32615-7401

TITLE Treasurer 2001-2002 ☐ Change ☒ Addition
NAME TINA VAIRO
STREET ADDRESS 4026 NW 60th Place
CITY-ST-ZIP Gainesville FL 32653

TITLE PD ☐ Delete
NAME BARTLETT, BEVERLY
STREET ADDRESS 1421 NW 47TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE Treasurer 2000-2001 May ☐ Change ☒ Addition
NAME Cynthia Holt
STREET ADDRESS 507 NW 35th Rd #135
CITY-ST-ZIP Gainesville, FL 32607

TITLE D ☐ Delete
NAME HARTWELL, LONNIE D
STREET ADDRESS 1830 SW 44TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32608

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

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

Date

Daytime Phone #

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90007 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)