## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 28, 2002 8:00 am s Secretary of State **DOCUMENT # N33974** 1. Entity Name 430 BUILDING ASSOCIATION, INC. 01-28-2002 90048 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 430 NORTH MAIN STREET 430 NORTH MAIN STREET GAINESVILLE FL 32601-3305 GAINESVILLE FL 32601-3305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3065998 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BARTLETT, BEVERLY 1421 NW 47TH TERR **GAINESVILLE FL 32605** City 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 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Change Addition Delete P NAME GILBERT, MORGAN E NAME Becker Myers STREET ADDRESS STREET ADDRESS 1148 NW 61ST TERR 13141 NW 19th Place CITY-ST-7IP CITY-ST-ZIP ALACHUA FL 32615-7401 <del>Cainesville, Fl 32606</del> PD ☐ Delete TITLE TITLE **Change** Addition Ď. NAME BARTLETT, BEVERLY NAME Bartlett, Beverly 1421 NW 47th Terrace STREET ADDRESS STREET ADDRESS 1421 NW 47TH TERRACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32605 Gainesville, Fl 32605 ☐ Change TITLE ☐ Delete TITLE Addition HARTWELL, LONNIE D Gillette C. Tarbox NAME NAME 1734 NW 17th Lane STREET ADDRESS 1830 SW 44TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Gainesville FL 32608 Gainesville, Fl 32605 TITLE ☐ Change Delete vairo, tina NAME NAME David Brush STREET ADDRESS 4026 NW 6TH PLACE STREET ADDRESS 805 NE 11th Avenue CITY-ST-ZIP **GAINESVILLE FL 32653** CITY-ST-ZIP Gainesville, Fl 32601 TITLE Change Addition HOLT. CYNTHIA NAME NAME Beth Davis STREET ADDRESS 507 NW 39TH RD, STE 139 STREET ADDRESS 720 NE Blvd. CITY-ST-ZIP **GAINESVILLE FL 32607** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: SIGNATURE: Description of the Control of