

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38050

1. Entity Name

C.E.O. OF ALACHUA COUNTY, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90069 049 \*\*\*\*61.25

Principal Place of Business

500 E UNIVERSITY AVE  
SUITE D  
GAINESVILLE FL 32601  
US

Mailing Address

500 E UNIVERSITY DR  
D  
GAINESVILLE FL 32601-3458  
US

2. Principal Place of Business

235 South Main St

3. Mailing Address

P.O. Box 2342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 206

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32601

Country

USA

Zip

32602

Country

USA

4. FEI Number

59-3020700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROHRLACK, ROBERT J. JR.  
500 E UNIVERSITY DR  
SUITE D  
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

235 South Main Street  
Suite 206

City

Gainesville

FL

Zip Code

32601

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 Robert J. Rohrlack Jr

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

(NOTE: Registered Agent signature required when reinstating)

1/18/00

DATE

**FILE NOW:**  
**FEES 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

TITLE STD ☐ Delete  
NAME VILLEMAIRE, CAROL  
STREET ADDRESS 620 NW 16TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ Delete  
NAME PHILLIPS, WINFRED M  
STREET ADDRESS 300 WEIL HALL  
CITY-ST-ZIP GAINESVILLE FL 32611

TITLE D ☐ Delete  
NAME KRAFT, ERIC  
STREET ADDRESS 3525 NW P7TH BLVD  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE PD ☐ Delete  
NAME ROHRLACK, ROBERT  
STREET ADDRESS 500 E UNIVERSITY AVE  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☒ Delete  
NAME DANIEL, C B  
STREET ADDRESS 104 N MAIN ST  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition  
NAME VILLEMAIRE, CAROL  
STREET ADDRESS 620 NW 16th Avenue  
CITY-ST-ZIP Gainesville FL 32605

TITLE CD ☐ Change ☒ Addition  
NAME William Olinger, II  
STREET ADDRESS 2700 NW 43rd St Suite A  
CITY-ST-ZIP Gainesville, FL 32606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: Robert J. Rohrlack Jr "Bob" Rohrlack 1/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-334-7100

CR2E037 (9/99)