

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90222 005 \*\*\*\*61.25

**DOCUMENT # N38050**

1. Entity Name

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

Principal Place of Business

**235 S. MAIN ST  
SUITE 206  
GAINESVILLE FL 32601  
US**

Mailing Address

**P. O. BOX 2342  
GAINESVILLE FL 32602  
US**

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

**59-3020700**

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

**ROHRLACK, ROBERT J. JR.  
235 S. MAIN ST  
SUITE 206  
GAINESVILLE FL 32601**

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 **VILLEMAIRE, CAROL**  
STREET ADDRESS **620 NW 16TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **CD** ☐ Delete  
NAME **OLINGER, WILLIAM II**  
STREET ADDRESS **2700 NW 43RD ST. SUITE A**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Winfred Phillips**  
STREET ADDRESS **223 Grinter Hall, Univ. of Florida**  
CITY-ST-ZIP **Gainesville, FL 32610**

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

TITLE **CD** ☒ Change ☐ Addition  
NAME **Kraft, Eric**  
STREET ADDRESS **3525 NW 9th Blvd**  
CITY-ST-ZIP **Gainesville FL 32607**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/01 (352) 334-7100

CR2E037 (10/00)