

2002 UNIFORM BUSINESS REPORT (UBR)

5/22

FILED
Jul 10, 2002 8:00 am
Secretary of State

05-22-2002 90106 035 ****61.25

DOCUMENT # N38050

1. Entity Name

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

Principal Place of Business

Mailing Address

235 S. MAIN ST
 SUITE 206
 GAINESVILLE FL 32601
 US

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

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

300 E. University Ave Ste 100
 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

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	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, WINFRED	
STREET ADDRESS	223 GRINTER HALL UNIV. OF FLA.	
CITY-ST-ZIP	GAINESVILLE FL 32610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLINGER, WILLIAM II	
STREET ADDRESS	2700 NW 43RD ST. SUITE A	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	KRAFT, ERIC	
STREET ADDRESS	3525 NW 7TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROHRLACK, ROBERT	
STREET ADDRESS	500 E UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	J. BRENT Christensen	
CITY-ST-ZIP	300 E. University Ave Ste 100	
	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman	
STREET ADDRESS	Rafael Busti: 110	
CITY-ST-ZIP	PO Box 147002	
	GAINESVILLE FL 32614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICE Chair	
STREET ADDRESS	Andrew Williams	
CITY-ST-ZIP	4340 NEWBERRY Rd	
	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRES	
STREET ADDRESS	Dick D. Mahaffey	
CITY-ST-ZIP	411 N. MAIN ST	
	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: J. Brent Christensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)