2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38748

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90087 004 ****61.25

1. Entity Name

ALACHUA COUNTY FARMERS MARKET, INC.

Principal Place of Business	Mailing Address
5900 NW 13TH ST. GAINESVILLE FL 32606 US	2800 NE 39TH AVE. GAINESVILLE FL 32609-2658 US

DO NOT WRITE IN THIS SPACE

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 59-3065075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN WILLIAM A
2800 NE 39TH AVE
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name: JERRY BARTZ

Street Address (P.O. Box Number is Not Acceptable): 9603 S.W. 19th AVE

City: GAINESVILLE FL Zip Code: 32607

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: Jerry A. Bartz — Jan 20, 2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHORT, DENNIS 1113 N E 23 AVE GAINESVILLE FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD JERRY BARTZ 9603 S.W 19 AVE GAINESVILLE FL 32607	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CD~~ ~~RILLANO, VIDO~~ ~~2828 WEST SR 235~~ ~~BROOKER FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD PETE WALLACE 2906 NW 142 Ave GAINESVILLE FL 32609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEABROOK, SHERRY 9924 NW 171 TERR ALACHUA FL 32615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ralph Murry 14300 SE 80th Ave Summerfield, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~VOSS, PAT~~ ~~15995 SW 76TH ST~~ ~~ALACHEE FL 32615~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Steyer Rt. 2 Box 2203 Starke FL 32091	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VCD~~ ~~CD~~ D HOLT, ~~JIM~~ TOM 821 SW 202 ST NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Sheryl Shiver 12320 NW State Rd 45 High Springs FL 32643	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~COURTNEY, TOM~~ ~~5805 NW 158 ST~~ ~~ALACHUA FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DON KING 12917 NW County Rd 237 Alachua FL 32615	☐ Change ☒ Addition

CR2E037 (9/99)

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 Dennis Short 1-12-2000 352-376-8026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #