

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90028 050 ****61.25

DOCUMENT # N38748

1. Entity Name

ALACHUA COUNTY FARMERS MARKET, INC.

Principal Place of Business

5900 NW 13TH ST.
GAINESVILLE FL 32606
US

Mailing Address

9603 SW. 19TH AVENUE
GAINESVILLE FL 32607
US

2. Principal Place of Business

5920 NW 13th St.
Suite, Apt. #, etc.

3. Mailing Address

5920 NW 13th St.
Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32653

Country

Alachua

Zip

32653

Country

Alachua

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

BARTA, JERRY
9603 SW. 19TH AVENUE
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name BARTZ, Jerry (corrected spelling)
Street Address (P.O. Box Number is Not Acceptable)

— SAME —

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

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 BARTA, JERRY 9603 S.W. 19TH AVE GAINESVILLE FL 32607	☐ Delete
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	VCD WALLACE, PETE 2906 NW 142 AVE GAINESVILLE FL 32609	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLT, TOM 821 SW 202 ST NEWBERRY FL 32669	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRY, RALPH 14300 SE 80TH AVE SUMMERFIELD FL	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WALLACE, PETE 2906 NW 142 AVE. GAINESVILLE, FL 32609	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MURRY, RALPH 14300 SE 80TH AVE. Summerfield, FL 34491	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, DANIEL 2328 WEST SR 235 Brooker, FL 32622	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHIVER, Sheryl 12320 NW SR 45 High Springs, FL 32643	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTZ, JERRY 9603 SW 19th Ave GAINESVILLE, FL 32607	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DON 12917 NW CR 237 Alachua, FL 32615	☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL P. WRIGHT

1-20-01 485-2380

Date

Daytime Phone #

CR2E037 (10/00)