

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90095 016 ****61.25

DOCUMENT # N38748

1. Entity Name

ALACHUA COUNTY FARMERS MARKET, INC.



Principal Place of Business

**5920 NW 13TH STREET
GAINESVILLE FL 32653
US**

Mailing Address

**5920 NW 13TH STREET
GAINESVILLE FL 32653
US**

90019885



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

7. Name and Address of New Registered Agent

**WALLACE, PETE
2906 NW 142 AVE
GAINESVILLE FL 32609**

Name

Pat Carlisle

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

16909 NW 278 Ave

Alachua FL 32615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Pat Carlisle

2-4-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLISLE, PAT 16909 NW 278 AVE ALACHUA FL 32615	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, DANIEL 2328 WEST SR 235 BROOKER FL 23622	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MURRY, RALPH 14300 SE 80TH AVE. SUMMERFIELD FL 34491	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, KEVIN 4041 NW 37 PL #B GAINESVILLE FL 32606	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEYER, JOHN RT 2 BOX 2203 STARKE FL 32091	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ERIC BJERREGARD 11410 SE 83 Terr GAINESVILLE FL 32669	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Joe Durando 10106 NW 156 Av Alachua FL 32615	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Greg Hart 19711 NW 138 Av Alachua 32615	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Phyllis Klein 4026 NW 22 Dr Gainesville FL 32605	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Fisher 14001 NW 12 Pl Newberry FL 32669	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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:

Pat Carlisle

2-4-03

(386) 462-1339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR