# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 27, 2001 8:00 am**
**Secretary of State**
03-27-2001 90053 004 ****70.00

0019819

DOCUMENT # N44721

1. Entity Name

KEEP ALACHUA COUNTY BEAUTIFUL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 309 NE 1ST STREET<br>GAINESVILLE FL 32601<br>US | 309 NE 1ST STREET<br>GAINESVILLE FL 32601<br>US |

C0038147

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 59-3078627 ☐ 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 |
|---|---|
| ROCHFORD, JEANNE<br>8647 SOUTHWEST 42 PLACE<br>GAINESVILLE FL 32608 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>HAWKINS, GINA<br>200 E. UNIVERSITY AVE<br>GAINESVILLE FL 32601 | ☐ Delete | DT<br>TERESA K. CASKEY<br>4866 SW 95th ST<br>GAINESVILLE, FL 32608 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GREEN, DALE F<br>3011 S.W. WILLISTON ROAD<br>GAINESVILLE FL 32614 | ☐ Delete | D<br>EUGENE HICKEY<br>1950 NE 27th AVE<br>GAINESVILLE, FL 32608 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>HICKEY, EUGENE<br>1950 N.E. 27TH AVENUE<br>GAINESVILLE FL 32608 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PARTICK, HOWARD W.<br>4010 NORTHWEST 25 PLACE<br>GAINESVILLE FL | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>SPAIN, SUSAN<br>2321 NW 41ST ST<br>GAINESVILLE FL 32606 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DC<br>GASCHE, BOB<br>1111 N.W. 25TH TERRACE<br>GAINESVILLE FL 32605 | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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, EXECUTIVE DIRECTOR 3/16/2001 352-371-9444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #