

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44857

1. Entity Name

GAINESVILLE BREAKFAST CIVITAN CLUB, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90047 026 ****61.25

Principal Place of Business 7020 LAKE SHORE DR. GAINESVILLE FL 32601	Mailing Address 7020 LAKE SHORE DR. GAINESVILLE FL 32641-0601
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number 59-3044343	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAKER, DOROTHY 7020 LAKE SHORE DR. GAINESVILLE FL 32601

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	D VANDEN BROOK, JENNIFER 1130 SW 16TH AVE #35 GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAKER, DOROTHY 7020 LAKESHORE DR. GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARDO, P J 1221 N W 13TH ST GAINESVILLE FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, FREDERICK J. 6310 SW 35TH WAY GAINESVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Baker, Philip 7020 Lakeshore Dr. Gainesville, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Belgrade, Marsha 2248 NW 21st Place Gainesville, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: Dorothy Baker, Treas. 5-25-00 352-374-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)