

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-02-2003 90195 038 ****61.25

DOCUMENT # N44857

1. Entity Name

GAINESVILLE BREAKFAST CIVITAN CLUB, INC.



Principal Place of Business

**7020 LAKE SHORE DR.
GAINESVILLE FL 32601**

Mailing Address

**7020 LAKE SHORE DR.
GAINESVILLE FL 32601**

55050212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3044343**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BAKER, DOROTHY
7020 LAKE SHORE DR.
GAINESVILLE FL 32601**

change zip code please

Name

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

City

FL 32641

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

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 ☐ Delete
NAME **D**
STREET ADDRESS **BAKER, PHILIP**
CITY-ST-ZIP **7020 LAKESHORE DR
GAINESVILLE FL 32641**

TITLE ☐ Change ☐ Addition
NAME **Director**
STREET ADDRESS **same**
CITY-ST-ZIP **same**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BAKER, DOROTHY**
CITY-ST-ZIP **7020 LAKESHORE DR.
GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **same**
CITY-ST-ZIP **same**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **VAUGHAN, ALYCE**
CITY-ST-ZIP **1221 NW 13TH STREET
GAINESVILLE FL 32602**

TITLE ☐ Change ☐ Addition
NAME **President**
STREET ADDRESS **same**
CITY-ST-ZIP **same**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SWIFT, FREDERICK J.**
CITY-ST-ZIP **6310 SW 35TH WAY
GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
NAME **Director**
STREET ADDRESS **same**
CITY-ST-ZIP **same**

TITLE ☐ Delete
NAME **Nelson Griffiths**
STREET ADDRESS **4336 NW 22nd Street**
CITY-ST-ZIP **Gainesville, FL 32605-1745**

TITLE ☐ Change ☐ Addition
NAME **Director**
STREET ADDRESS **same**
CITY-ST-ZIP **same**

TITLE ☐ Delete
NAME **Sylvia Ferguson**
STREET ADDRESS **1409 NE 8th Street**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE ☐ Change ☐ Addition
NAME **Director**
STREET ADDRESS **same**
CITY-ST-ZIP **same**

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: **Norothy Baker Dorothy Baker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-03

352-374-8558

Date

Daytime Phone #

CR2E037 (10/02)