

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002365

1. Entity Name

PLEASANT PLACE, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90010 045 \*\*\*\*61.25

Principal Place of Business	Mailing Address
732 N.W. 4TH ST GAINESVILLE FL 32601 US	<del>P.O. BOX 2341</del> GAINESVILLE FL 32601-5248 <del>US</del>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	732 NW 4 ST
City & State	Gainesville FL
Zip	32601
Country	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3171585	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, LOUISE 4010 NW 25 PLACE GAINESVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) 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. <input type="checkbox"/> \$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																																																																																																																								
<table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FEASTER, PAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1721 NE 75TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE FL 32641</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEE, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 934</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALACHUA FL 32616-0934</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WARREN, MARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4137 NW 33 PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE FL 32606</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ANDERSON, LOUISE H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4010 NW 25 PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE FL 32606</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	FEASTER, PAM		STREET ADDRESS	1721 NE 75TH STREET		CITY-ST-ZIP	GAINESVILLE FL 32641		TITLE	VD	<input checked="" type="checkbox"/> Delete	NAME	LEE, PATRICIA		STREET ADDRESS	PO BOX 934		CITY-ST-ZIP	ALACHUA FL 32616-0934		TITLE	SD	<input type="checkbox"/> Delete	NAME	WARREN, MARY		STREET ADDRESS	4137 NW 33 PL		CITY-ST-ZIP	GAINESVILLE FL 32606		TITLE	TD	<input type="checkbox"/> Delete	NAME	ANDERSON, LOUISE H		STREET ADDRESS	4010 NW 25 PLACE		CITY-ST-ZIP	GAINESVILLE FL 32606		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td>PRES</td> <td><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LEE, PATRICIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 934</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ALACHUA, FL 32616-0934</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V PRES</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JANE, GAIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>731 NE 4 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GAINESVILLE, FL 32601</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	PRES	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	LEE, PATRICIA		STREET ADDRESS	PO BOX 934		CITY-ST-ZIP	ALACHUA, FL 32616-0934		TITLE	V PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	JANE, GAIL		STREET ADDRESS	731 NE 4 AVE		CITY-ST-ZIP	GAINESVILLE, FL 32601		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete																																																																																																																							
NAME	FEASTER, PAM																																																																																																																								
STREET ADDRESS	1721 NE 75TH STREET																																																																																																																								
CITY-ST-ZIP	GAINESVILLE FL 32641																																																																																																																								
TITLE	VD	<input checked="" type="checkbox"/> Delete																																																																																																																							
NAME	LEE, PATRICIA																																																																																																																								
STREET ADDRESS	PO BOX 934																																																																																																																								
CITY-ST-ZIP	ALACHUA FL 32616-0934																																																																																																																								
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																							
NAME	WARREN, MARY																																																																																																																								
STREET ADDRESS	4137 NW 33 PL																																																																																																																								
CITY-ST-ZIP	GAINESVILLE FL 32606																																																																																																																								
TITLE	TD	<input type="checkbox"/> Delete																																																																																																																							
NAME	ANDERSON, LOUISE H																																																																																																																								
STREET ADDRESS	4010 NW 25 PLACE																																																																																																																								
CITY-ST-ZIP	GAINESVILLE FL 32606																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE	PRES	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																							
NAME	LEE, PATRICIA																																																																																																																								
STREET ADDRESS	PO BOX 934																																																																																																																								
CITY-ST-ZIP	ALACHUA, FL 32616-0934																																																																																																																								
TITLE	V PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																							
NAME	JANE, GAIL																																																																																																																								
STREET ADDRESS	731 NE 4 AVE																																																																																																																								
CITY-ST-ZIP	GAINESVILLE, FL 32601																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
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: Louise H. Anderson 5/9/00 352-372-6306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)