

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

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90081 029 \*\*\*\*61.25

**DOCUMENT # N93000002443**

**1. Entity Name**  
**GAINESVILLE PRIDE ARTS, INC.**



**Principal Place of Business**

P.O. BOX 13087  
GAINESVILLE FL 32604

**Mailing Address**

P.O. BOX 13087  
GAINESVILLE FL 32604

**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** 59-3237739

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**

ELLIOTT, MARK  
4806 NW 35TH LANE  
GAINESVILLE FL 32606

*New Address →*

Name *ELLIOTT MARK S.*

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

*6004 NW 124th St  
Gainesville*

City

FL

Zip Code

*32653*

**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 JURAS, DAVID  
STREET ADDRESS 4806 NW 35TH LANE  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☒ Change ☐ Addition  
NAME Juras, David  
STREET ADDRESS 6004 NW 124th St  
CITY-ST-ZIP Gainesville, FL 32653

TITLE ☐ Delete  
NAME PD ELLIOTT, MARK  
STREET ADDRESS 4806 NW 35TH LANE  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☒ Change ☐ Addition  
NAME PD ELLIOTT, MARK  
STREET ADDRESS 6004 NW 124th St  
CITY-ST-ZIP Gainesville, FL 32653

TITLE ☐ Delete  
NAME D HARBRUCKER, ROBERTA  
STREET ADDRESS 3920 NW 31ST TERR  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP ANTONELLI, JOE  
STREET ADDRESS 725 SE 2ND AVE.  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Signature of Mark Elliott*

*2/9/03 (352) 392-3631 X385*

CR2E037 (10/02)