

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90303 024 \*\*\*\*61.25

**655849**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N93000004138**

1. Entity Name

**AMELIA GARDENS NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5330 SW 91ST TERRACE  
 GAINESVILLE FL 32608  
 US

5330 SW 91ST TERRACE  
 GAINESVILLE F 32608-7124  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3206372**

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

**BAIR, TRACY**  
**5330 SW 91ST TERR**  
**GAINESVILLE FL 32608**

Name **Rick Medina**

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

**5330 SW 91st Terrace**

City **Gainesville,**

**FL**

**32608**

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

*Rick Medina*

*3/24/00*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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	DP	<input type="checkbox"/> Delete
NAME	<b>MCELROY WILLIAM</b>	
STREET ADDRESS	<b>4413 SW 102ND DR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>COURTEMANCHE, ROBERT</b>	
STREET ADDRESS	<b>4420 SW 103RD CT</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>BROOKS, SCOTT</b>	
STREET ADDRESS	<b>10306 SW 45TH LANE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowers.

SIGNATURE:

*[Signature]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*4/6/00*  
 Date

**352-335 7048**  
 Daytime Phone #

CR2E037 (9/99)