2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **N93000005095** 1. Entity Name CIVIC MEDIA CENTER AND LIBRARY, INC. 03-21-2000 90091 043 ****61 25 Mailing Address Principal Place of Business 1021 W. UNIVERSITY AVE. 1021 W. UNIVERSITY AVE. GAINESVILLE FL 32601-5113 GAINESVILLE FL 32601 00047900 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3208635 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **LUDWIG, HARRIET** 1810 NW 23RD BLVD **SUITE 276** Zip Code City FL **GAINESVILLE FL 32605** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F ☐ Change ☐ Addition TITLE PD ☐ Delete NAME NAME COURTER, JOSEPH STREET ADDRESS STREET ADDRESS 1527 NE 73RD ST. CITY-ST-ZIP CITY-ST-ZIP Gainesville fl ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME WILLETT, CHARLES STREET ADDRESS STREET ADDRESS 1716 SW WILLISTON RD. CITY-ST-ZIP CITY-ST-ZIP <u>Gainesville fl</u> Change Addition ☐ Delete TITLE TITLE NAME NAME RICARDO, FRANCINE STREET ADDRESS STREET ADDRESS 1026 NW 10TH AVENUE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL ☐ Change TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date