

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90216 041 ****61.25

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1. Entity Name

CIVIC MEDIA CENTER AND LIBRARY, INC.



Principal Place of Business

**1021 W. UNIVERSITY AVE.
GAINESVILLE FL 32601
US**

Mailing Address

**1021 W. UNIVERSITY AVE.
GAINESVILLE FL 32601
US**

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 **59-3208635**

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

**LUDWIG, HARRIET
1810 NW 23RD BLVD
SUITE 276
GAINESVILLE FL 32605**

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COURTER, JOSEPH 1527 NE 73RD ST. GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLETT, CHARLES 1716 SW WILLISTON RD. GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAHMER, PAULA 4621 CLERK LAKE DR GAINESVILLE FL 32608	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA BOYLES 308 NE 8TH AVE GAINESVILLE FL 32601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Stephenson 3019 NW 31st Terr Gainesville FL 32605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINDA BOYLES 308 NE 8TH AVE GAINESVILLE FL 32601	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL STEPHENSON 2019 NW 31st Terr Gainesville FL 32605	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 REQUIRED

[Signature]

11/8/03 352-378-5655

CR2E037 (10/02)