

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N93000005219** ✓

1. Entity Name

Support Our Communities' Kids, Inc.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90438 030 ****96.25

Principal Place of Business Mailing Address
P.O. Box 142702
Gainesville, FL 32614-2702

80100739

2. Principal Place of Business 3. Mailing Address
P.O. Box 142702 Suite, Apt. #, etc.
P.O. Box 142702 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Gainesville, FL 32614
Zip Country 32614 USA

4. FEI Number 59-3210766
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

~~Mitchell Frederick~~
~~3528 NW 13th Ave~~
~~Gainesville, FL 32605~~

Name **Timothy Treweek**
Street Address (P.O. Box Number is Not Acceptable) **9607 SW 40th Lane**
City **Gainesville** **FL** Zip Code **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

Timothy A. Treweek, President
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
TIMOTHY A. TREWEEK

4/14/2000
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	P/D	<input type="checkbox"/> Delete
NAME	Timothy Treweek	
STREET ADDRESS	9607 SW 40th Lane	
CITY-ST-ZIP	Gainesville, FL 32608	<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete
NAME	Lisa Duncanson	
STREET ADDRESS	7702 SW 22 Ave.	
CITY-ST-ZIP	Gainesville, FL 32608	<input type="checkbox"/> Delete
TITLE	T/D	<input type="checkbox"/> Delete
NAME	Edward Myers	
STREET ADDRESS	5503 SW 92nd Way	
CITY-ST-ZIP	Gainesville, FL 32608	<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

Timothy A. Treweek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000 352-332-8800
Date Daytime Phone #

CR2E037 (9/99)