

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005357

1. Entity Name

GAINESVILLE AREA AIDS PROJECT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90356 041 ****61.50

Principal Place of Business

Mailing Address

1027 A NW 4TH ST
GAINESVILLE FL 32604
US

POST OFFICE BOX 12905
GAINESVILLE FL 32604-0905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3219397

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

CURTIS, SIDNEY
8401 NW 135TH ST STE 150
GAINESVILLE FL 32653

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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CURTIS, SIDNEY	
STREET ADDRESS	8401 NW 135 ST STE 150	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MIMS, KEVIN	
STREET ADDRESS	709 D SW 70TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNS, RUTH	
STREET ADDRESS	10101 NW 171 TRACE	
CITY-ST-ZIP	ALACHUA FL 32675	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, ALLEN	
STREET ADDRESS	3324 W. UNIVERSITY AVE BOX 295	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERS, IRENE	
STREET ADDRESS	4039 NW 8TH AVE	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWLAND, KIM	
STREET ADDRESS	8401 NW 135 ST STE 150	
CITY-ST-ZIP	GAINESVILLE FL 32653	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, SIDNEY	
STREET ADDRESS	8401 NW 135 ST STE 150	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUBISEK, MICHAEL	
STREET ADDRESS	1103 NW 4 ST	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASSER, JOHN H	
STREET ADDRESS	12105 NW HIGHWAY 441 #29	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARGAR, KEN	
STREET ADDRESS	4524 15TH DR	
CITY-ST-ZIP	WELLBORN, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, TERENCE P	
STREET ADDRESS	PO BOX 6024	
CITY-ST-ZIP	GAINESVILLE FL 32627	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, MICHAELS	
STREET ADDRESS	405 NW 19 LANE APT D	
CITY-ST-ZIP	GAINESVILLE FL 32609	

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 attached address, with all other like empowered.

SIGNATURE:

Michael Kubisek MICHAEL KUBISEK

4-30-00

352-373-4227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)