

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90077 039 ****61.25

DOCUMENT # N93000005357

1. Entity Name
GAINESVILLE AREA AIDS PROJECT, INC.



Principal Place of Business

**1027 A NW 4TH ST
GAINESVILLE FL 32604
US**

Mailing Address

**POST OFFICE BOX 12905
GAINESVILLE FL 32604**

90000261



☒ CHECK HERE IF MAKING CHANGES

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

**MERRILL, CLAUDE J
900 SW 62ND BLVD #38
GAINESVILLE FL 32607**

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 **D** ☐ Delete
NAME **CURTIS, SIDNEY**
STREET ADDRESS **8401 NW 135 ST STE 150**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **VALENTINE, RANDY**
STREET ADDRESS **39 NW 39TH AVE #20**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BOUTON, FRANKIE**
STREET ADDRESS **2639 SW 33RD PLACE #A**
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **SD** ☐ Change ☒ Addition
NAME **PATSY SANDERS**
STREET ADDRESS **6051 NW 19TH LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **DV** ☐ Delete
NAME **WAASER, JOHN H**
STREET ADDRESS **RT 5 BOX 4975**
CITY-ST-ZIP **LAKE BUTLER FL 32054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MERRILL, CLAUDE J**
STREET ADDRESS **900 SW 62ND BLVD #38**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOWLAND, KIM**
STREET ADDRESS **8401 NW 135 ST STE 150**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ Change ☐ 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:

Signature Required **CLAUDE J. MERRILL** 1/9/03 352.219-7362

CR2E037 (10/02)