

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000004

Entity Name

BUILDING G OF A PORTION OF LOT 2 OF METROCORP CE
TER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1 NW 37TH PLACE
STE A
GAINESVILLE FL 32606

5800 N.W. 39TH AVE.
SUITE 104
GAINESVILLE FL 32606
US

FILED
02 MAR 14 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3344548

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

MARTI, JOHN
5800 N.W. 39TH AVE.
STE 104
GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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	PD	<input type="checkbox"/> Delete
NAME	MACLEOD, DEBORAH	
STREET ADDRESS	5800 NW 39TH AVE STE 104	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBERTS, TWYLA J	
STREET ADDRESS	4121 NW 37TH PLACE, SUITE A	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	MARTI, JOHN	
STREET ADDRESS	5800 NW 39TH AVE STE 104	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500005175215--7	
STREET ADDRESS	-03/29/02--01002--009	
CITY-ST-ZIP	****261.25 ****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/02

352 375 4811

CR2E037 (9/01)

0009452