

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000461

1. Entity Name

UNITED STATES TRACK COACHES ASSOCIATION, INC.

Principal Place of Business

1408 NW 6TH ST
GAINESVILLE FL 32601
US

Mailing Address

1408 NW 6TH ST
GAINESVILLE FL 32601-4020
US

2. Principal Place of Business

1330 NW 6th Street

3. Mailing Address

1330 NW 6th Street

Suite, Apt. #, etc.
Suite C

Suite, Apt. #, etc.
Suite C

City & State

Gainesville, Fl.

City & State

Gainesville, Fl.

Zip

32601

Country

Zip

32601

Country

6. Name and Address of Current Registered Agent

CARNES, JAMES J
1408 NW 6TH ST
GAINESVILLE FL 32601

4. FEI Number

59-3207329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

1330 NW 6th Street, Suite C

City

Gainesville

FL

Zip Code
32601

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CARNES, JAMES J	
STREET ADDRESS	2719 N.W. 24TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL, SAM	
STREET ADDRESS	INDIANA UNIVERSITY, 1001 E 17TH ST	
CITY-ST-ZIP	BLOOMINGTON IN	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUYST, KIM	
STREET ADDRESS	801 W. MONTE VISA AVE.	
CITY-ST-ZIP	TURLOCK CA 95382	
TITLE	S	<input type="checkbox"/> Delete
NAME	VERCANTEREN, DEB	
STREET ADDRESS	UNIV OF WISCONSIN-108 ALBEE HALL	
CITY-ST-ZIP	OSHKOSH WI	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARBER, JAMES	
STREET ADDRESS	SOUTHERN CONNECTIVUT STATE UNIV	
CITY-ST-ZIP	NEW HAVEN CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Newbitt	
STREET ADDRESS	7400 Bay Rd	
CITY-ST-ZIP	Univ Center, MI 48710	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90188 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

1/21/00 352-336-6915