

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001383

1. Entity Name

ALACHUA COUNTY MBE AD ASSOCIATION, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90113 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2603 NW 13TH STREET  
GAINESVILLE FL 32609

2603 NW 13TH STREET  
GAINESVILLE FL 32609-2835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3231254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

TIDWELL, JERRY C  
2603 NW 13TH STREET  
GAINESVILLE FL 32609

## 7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME TIDWELL, JERRY C  
STREET ADDRESS 2603 NW 13TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE SD ☒ Delete  
NAME EIDWELL, JERRY C  
STREET ADDRESS 2603 N.W. 13TH STREET  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE T ☐ Delete  
NAME LASH, SUSAN  
STREET ADDRESS 3324 W UNIVERSITY AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE VP ☐ Delete  
NAME FRANCELIA, TOM  
STREET ADDRESS 5745 SW 75TH ST  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☐ Change ☒ Addition  
NAME GWIN, CAROL  
STREET ADDRESS 4421 N.W. BLIGHTON RD.  
CITY-ST-ZIP OCALA, FL 34482

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

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

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

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:

*Jerry C Tidwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 8, 2000

Date

Daytime Phone #

352-371-0403

CR2E037 (9/99)