

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000001383** ✓

1. Entity Name

ALACHUA COUNTY MBE AD ASSOCIATION, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90123 009 ****61.25

Principal Place of Business

Mailing Address

**2603 NW 13TH ST,
GAINESVILLE, FL 32609**

**2603 NW 13TH ST,
GAINESVILLE, FL 32609**

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

AU040106

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **GWIN, CAROL**
CITY-ST-ZIP **4441 NW BLIGHTON RD.
OCALA, FL 34482**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **GATSON, BRENDA**
CITY-ST-ZIP **5200 NW 43RD ST.
GAINESVILLE, FL 32606**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **FRANCELLA, TOM**
CITY-ST-ZIP **5745 SW 75TH ST.
GAINESVILLE, FL 32608**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **GWIN, ROB**
CITY-ST-ZIP **4421 NW BLIGHTON RD.
OCALA, FL 34482**

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY C. TIDWELL

JERRY C. TIDWELL

APRIL 4, 2001

352-371-0403

Date

Daytime Phone #

CR2E037 (11/00)