

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001480

1. Entity Name

ALACHUA FREE-NET, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90112 019 ****61.25

Principal Place of Business

926 NW 13TH STREET
GAINESVILLE FL 32601
US

Mailing Address

926 NW 13TH STREET
GAINESVILLE FL 32601-4140
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3232175

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

BRASHEAR, BRUCE
920 NW 8TH AVE
SUITE A
GAINESVILLE FL 32601

Name

BRASHEAR, BRUCE

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

926 N.W. 13th Street

City

Gainesville

FL

Zip Code

32601-4140

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

Bruce Brashear, Director 3/24/00

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 D ☐ Delete
NAME MOFFETT, THOMAS J JR.
STREET ADDRESS 1028 N.W. 36TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE D ☐ Delete
NAME LEPININ-LEEDY, NANCE
STREET ADDRESS 401 E. UNIVERSITY AVE.
CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE D ☐ Delete
NAME POKORNEY, DAVID
STREET ADDRESS 3131 S.W. 1ST AVE.
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☒ Change ☐ Addition
NAME POKORNEY, DAVID
STREET ADDRESS 3401 NW 54th Lane
CITY-ST-ZIP Gainesville FL 32653

TITLE D ☐ Delete
NAME BRASHEAR, BRUCE
STREET ADDRESS 2002 N.W. 12TH RD.
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☒ Change ☐ Addition
NAME BRASHEAR, BRUCE
STREET ADDRESS 926 NW 13th Street
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D ☐ Delete
NAME KANDALL, KIM
STREET ADDRESS 3000 N.W. 83RD STREET
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☒ Change ☐ Addition
NAME KENDALL, KIM
STREET ADDRESS 2255 NW Third Place
CITY-ST-ZIP Gainesville FL 32603

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

3/24/00

(352) 336-0800

Date

Daytime Phone #

CR2E037 (9/99)