

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002195

1. Entity Name

GAINESVILLE DISTRICT BOARD OF MISSIONS AND CHURC

Principal Place of Business

Mailing Address

509 NE 1ST STREET  
GAINESVILLE FL 32601

P.O. BOX 15178  
GAINESVILLE FL 32604-5178  
US

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

59-1377314

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

SMITH, JOE H.  
509 NE 1 STREET  
GAINESVILLE FL 32601

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  
NAME FLUCK, RICHARD C  
STREET ADDRESS 1400 NW 35TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE STD  
NAME RION, W E  
STREET ADDRESS 3937 NW 25 CIRCLE  
CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Delete

TITLE D  
NAME BAKER, COL R  
STREET ADDRESS P.O. BOX 53 N/A  
CITY-ST-ZIP HAWTHORNE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Thomas J. Price, Jr.  
STREET ADDRESS 14907 NW 174 AV  
CITY-ST-ZIP Alachua, FL 32615 ☐ Change ☐ Addition

TITLE Treasurer/D  
NAME M. Mark Waldorff  
STREET ADDRESS P.O. Box 2  
CITY-ST-ZIP Evinston, FL 32633- ☐ Change ☐ Addition

TITLE Secretary/D  
NAME Will E. Furlong, Jr.  
STREET ADDRESS P.O. Box 689  
CITY-ST-ZIP McIntosh, FL 32664 ☐ Change ☐ Addition

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

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

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

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:

*M. Mark Waldorff* REQUIRED

M. Mark Waldorff

5/1/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90329 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE