

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001970

1. Entity Name

GAINESVILLE JUNIORS VOLLEYBALL CLUB, INC.

Principal Place of Business

3669 S.W. 2ND AVENUE
GAINESVILLE FL 32607
US

Mailing Address

3669 S.W. 2ND AVENUE
GAINESVILLE FL 32607-2856
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

59-3313713

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

WILLIAMS, CHIP
3669 S.W. 2ND AVENUE
GAINESVILLE FL 32607

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 PD ☐ Delete
NAME WILLIAMS, CHIP
STREET ADDRESS 2731 S.W. 4TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32607

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

TITLE SD ☐ Delete
NAME TOUSAW, TERRY
STREET ADDRESS 1225 N.E. 20TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32602

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

TITLE TD ☐ Delete
NAME ANDREWS, TONY
STREET ADDRESS 2915 N.W. 23RD AVENUE
CITY-ST-ZIP GAINESVILLE FL 32605

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

TITLE ☐ Delete
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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 REQUIRED: CHIP WILLIAMS 1/19/00 352-373-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90030 045 ****61.25

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DO NOT WRITE IN THIS SPACE