

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001970

1. Entity Name

GAINESVILLE JUNIORS VOLLEYBALL CLUB, INC.

Principal Place of Business

Mailing Address

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

3669 S.W. 2ND AVENUE  
GAINESVILLE FL 32607  
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

Name

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

City

FL

Zip Code

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

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

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

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

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

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

TITLE  
NAME PLEASE ADD  
STREET ADDRESS TONY BACK - he was  
CITY-ST-ZIP MARKED DELETED  
BY MURPHY

TITLE  
NAME TONY ANDREWS  
STREET ADDRESS 2915 NW 23RD AVE  
CITY-ST-ZIP GAINESVILLE, FL 32605 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 CHU WILLIAMS

1/27/02 256-315-0775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-13-2002 90193 031 \*\*\*\*61.25

18198



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)