2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N95000003596**

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

STOKES, JOHN

20 S MAIN STREET

KRUEGER, SCOTT

GAINESVILLE-FL-

MALONEY, FRANK E

5 W MACCLENNY AVE

MACCLENNY FL 32063

Lester, Jennifer C

901 NW 57TH STREET

P.O. BOX 23939

P.O. BOX 23939

GAINESVILLE FL 32604

GAINESVILLE FL 32602

HUTSON, BENNETT A

GAINESVILLE FL 32602

RICHARDSON, LAUREN N

DP

GAINESVILLE FL 32601

7622 NW 43 ST STE B-3

1. Entity Name

Zip

SUITE 200

SIGNATURE

10.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

TITI F

NAME

TITLE

NAME

CITY-ST-ZIP

KRUEGER, SCOTT DAVID 2790 NW 43RD STREET

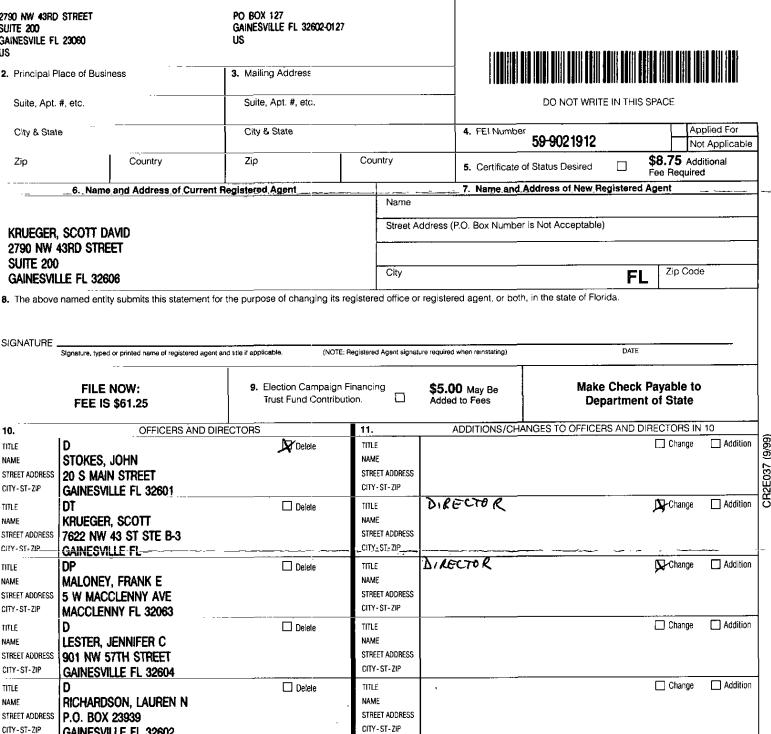
GAINESVILLE FL 32606

EIGHTH JUDICIAL CIRCUIT BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address	
2790 NW 43RD STREET SUITE 200 GAINESVILE FL 23060 US	PO BOX 127 GAINESVILLE FL 32602-0127 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90075 029 ****61.25



12. I hereby certify that the information supplies 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 supplies ental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the received 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 in the corporation of the received 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 in the corporation of the received 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 in the corporation of the received 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 in the corporation of the received 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 in the corporation of the received or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the received or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the received or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and the received or trustee empowered the received or t 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

CITY-ST-ZIP

Country

Name

City

9. Election Campaign Financing

11.

TITI F

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

Trust Fund Contribution.

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

☐ Change

☐ Addition