

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003596

1. Entity Name

EIGHTH JUDICIAL CIRCUIT BAR ASSOCIATION, INC.

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

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

Principal Place of Business

Mailing Address

2790 NW 43RD STREET
SUITE 200
GAINESVILLE 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

Zip

Country

Zip

Country

4. FEI Number

59-9021912

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

KRUEGER, SCOTT DAVID
2790 NW 43RD STREET
SUITE 200
GAINESVILLE FL 32606

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	D	<input checked="" type="checkbox"/> Delete
NAME	STOKES, JOHN	
STREET ADDRESS	20 S MAIN STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KRUEGER, SCOTT	
STREET ADDRESS	7622 NW 43 ST STE B-3	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MALONEY, FRANK E	
STREET ADDRESS	5 W MACCLENNY AVE	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESTER, JENNIFER C	
STREET ADDRESS	901 NW 57TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32604	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, LAUREN N	
STREET ADDRESS	P.O. BOX 23939	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTSON, BENNETT A	
STREET ADDRESS	P.O. BOX 23939	
CITY-ST-ZIP	GAINESVILLE FL 32602	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E037 (9/99)