

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003007**

1. Entity Name

PARTNERS FOR PRODUCTIVE COMMUNITY, INC.**FILED****Apr 09, 2001 8:00 am**
Secretary of State

04-09-2001 90066 005 ****61.25

0020510

Principal Place of Business

Mailing Address

**PARTNERS FOR PRODUCTIVE
P O BOX 90125
GAINESVILLE FL 32607****PARTNERS FOR PRODUCTIVE
P O BOX 90125
GAINESVILLE FL 32607****LUU43346**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3458124

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BATES, C V
5 SW 2ND PLACE
GAINESVILLE FL 32601**

Name

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

SAME

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	LINTON, INEZ	1322 SW 61ST TERRACE	GAINESVILLE FL 32607	<input checked="" type="checkbox"/>	PD	SADIE MCBROOM	PO BOX 142021	GAINESVILLE FL 32614	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	CLARK, C	1320 SW 61-TERR	GAINESVILLE FL 32607	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SMITH, D K	4189 SW CR 232	BELL FL 32619	<input checked="" type="checkbox"/>	VP	GORDON BENNETT	3324 W UNIVERSITY AVE	GAINESVILLE FL 32607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	ADAMS, GLORIA	P.O BOX 142712	CAINGSVILLE FL 32014	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	ANNAAWS, ZACHERY	620 SW 67 TERR	GAINESVILLE FL 32607	<input checked="" type="checkbox"/>	P	NANCY SILAS	904 SW 62 TERR	GAINESVILLE FL 32607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

CLARK, C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-01

352-214-9923

CR2E037 (10/00)