

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003007

1. Entity Name

PARTNERS FOR PRODUCTIVE COMMUNITY, INC.

FILED

Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90339 002 ****61.25

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

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

59-3458124

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

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

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
NAME MCBROOM, SADIE
STREET ADDRESS P.O. BOX 142021
CITY-ST-ZIP GAINESVILLE FL 32614

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME CLARK, C
STREET ADDRESS 1320 SW 61 TERR
CITY-ST-ZIP GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VPD
NAME BENNET, GORDON
STREET ADDRESS 3324 W. UNIVERSITY AVE
CITY-ST-ZIP GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME ADAMS, GLORIA
STREET ADDRESS P.O. BOX 142712
CITY-ST-ZIP GAINESVILLE FL 32014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE P
NAME SILAS, NANCY
STREET ADDRESS 904 SW 62 TERR
CITY-ST-ZIP GAINESVILLE FL 32607

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Chantel E. O'NEILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

352-214-5933

Daytime Phone #

CR2E037 (9/01)