2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700003007

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90504 017 ****61.25

PARINER	12 LON BRODUCTIVE COMM	UNITY, INC.						
Principal Place of Business PARTNERS FOR PRODUCTIVE P O BOX 90125 GAINESVILLE FL 32607		Mailing Address PARTNERS FOR PRODUCTIVE P O BOX 90125 GAINESVILLE FL 32607		# 1881/FAI #46 (#U) #	Pari aanir aarii aani) aarii aana	. JUJU ar igi ar	1951 1 88 7 1881	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Сн	ECK HERE IF MAKING (CHANGES		
City & State		City & State		JJ JTJU LT		plied For]	
Zip Country		Zip - Country					Not Applicable Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Addres	s of New Registered Ag			ł
			Name	Hamo and Address	o or new riegioteres Ag			1
BATES, C V			Observat Andreise	Address (P.O. Box Number is Not Acceptable)				
5 SW 2ND PLACE			Street Addres	s (P.U. Box Number is Not	Acceptable)			
GAINES	/ILLE FL 32601							
			City		FL.	Zip Code	э	
8. The above	e named entity submits this statement for	r the purpose of changing its re	gaistered office or regis	tered agent, or both, in the		l niliar with	and accept	ļ
	tions of registered agent.	the perpose of energing to te		toros agong or some mano	otato or i forida. I airriai	Timea With,	and docop.	{
•	7.							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable (NOTE, P	Conjectured Amont clarest up and		DATE			
¥ .	Signature, typed or printed frame or registered agent a	and the trappicable. (NOTE: H	Registered Agent signature requi	red when reinstating)	DAIE			
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIE	PECTORS	I 44	ADDITIONS (OLIANOSO)	FO OFFICERO MIR RIGO	07000 111	10	
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NAME	MCBROOM, SADIE	L_1 Delete	NAME		i.	Grange	Addition	00
STREET ADDRESS	P.O. BOX 142021		STREET ADDRESS					7 (1
CITY-ST-ZIP	GAINSVILLE FL 32614		CITY-ST-ZIP					8
TITLE	D	☐ Delete	TITLE		[Change	☐ Addition	CR2E037 (10/02)
NAME	CLARK, C		NAME					
STREET ADDRESS	1320 SW 61 TERR		STREET ADDRESS					}
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	MOD							ı
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NAME	BENNET, GORDON	☐ Delete	TITLE NAME			Change .	Addition	خليلتنب
	BENNET, GORDON 3324 W. UNNIVERSITY AVE	☐ Delete	TITLE NAME STREET ADDRESS-			_ Change 、	[_] Addition	خليتني
NAME STREET ADDRESS CITY-ST-ZIP	BENNET, GORDON 3324 W. UNNIVERSITY AVE GAINESVILLE FL 32607		TITLE NAME - STREET ADDRESS - CITY-ST-ZIP					خييت
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	BENNET, GORDON 3324 W. UNNIVERSITY AVE GAINESVILLE FL 32607 S ADAMS, GLORIA P.O BOX 142712		TITLE NAME - STREET ADDRESS- CITY-ST-ZIP TITLE	-				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BENNET, GORDON 3324 W. UNNIVERSITY AVE GAINESVILLE FL 32607 S ADAMS, GLORIA P.O BOX 142712 CAINGSVILLE FL 32014		TITLE NAME - STREET ADDRESS CITY-ST-ZIP TITLE NAME					
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

4-25-03

352-214-593