

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

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

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

**DOCUMENT # N97000003007**

**1. Entity Name**  
**PARTNERS FOR PRODUCTIVE COMMUNITY, 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**

**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. I am familiar with, and accept the obligations of registered agent.**

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **MCBROOM, SADIE**  
CITY-ST-ZIP **P.O. BOX 142021**  
**GAINESVILLE FL 32614**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **ADAMS, GLORIA**  
CITY-ST-ZIP **P.O BOX 142712**  
**CAINGSVILLE FL 32014**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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] REQUIRED**

**4-25-03 352-214-593**

CR2E037 (10/02)