

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90069 028 ****61.25

DOCUMENT # N97000005468

1. Entity Name

SEMINARY LANE RESIDENTS COUNCIL, INC.

Principal Place of Business	Mailing Address
N.W. 5TH AVENUE GAINESVILLE FL 32601	POST OFFICE BOX 1544 GAINESVILLE FL 32602-1544



DO NOT WRITE IN THIS SPACE

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 59-3473982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SINCLAIR, LA SHAY
1035 N.W. 5TH AVENUE
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name **Frankie Y. Scott**
 Street Address (P.O. Box Number is Not Acceptable)
1119 N.W. 5th Ave.
P.O. Box 1544
 City **Gainesville** FL Zip Code **32601**

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 *Frankie Y. Scott* DATE **4/25/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	---	--

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINCLAIR, LASHAY	
STREET ADDRESS	1035 N W 5TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAKER, DORIS	
STREET ADDRESS	427 N W 12TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRYANT, CALVIN	
STREET ADDRESS	1226 N W 5TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frankie Y. Scott	
STREET ADDRESS	1119 N.W. 5th Avenue	
CITY-ST-ZIP	Gainesville, FL 32601	
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		
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: *Frankie Y. Scott* DATE **4/25/2000** **352-3384435**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)