

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91324 050 \*\*\*\*61.25

**DOCUMENT #** N97000005468

**1. Entity Name**

SEMINARY LANE RESIDENTS COUNCIL, INC.

OK  
JES  
4-30-02

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1019 N. W. 5th AVENUE

Suite, Apt. #, etc.

GAINESVILLE, FL. 32601

City & State

GAINESVILLE, FL 32601

**3. Mailing Address**

POST OFFICE 1544

Suite, Apt. #, etc.

GAINESVILLE, FL. 32602

City & State

GAINESVILLE, FL

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

59-3473982

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

SCOTT, FRANKIE Y.

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

1119 N. W. 5th AVENUE

P. O. BOX 1544

City

GAINESVILLE, FL

FL

Zip Code

32601

**DO NOT WRITE  
IN THIS SPACE**

**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

**FEE IS \$61.25**  
**Initial or Amended UBR**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

**OFFICERS AND DIRECTORS**

**-40-**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

TD

BAKER, DORIS

427 N. W. 12th STREET  
GAINESVILLE, FL 32601

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

SD

BRYANT, CALVIN

1226 N. W. 5th AVENUE  
GAINESVILLE, FL 32601

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

D

SCOTT, FRANKIE Y.

1119 N. W. 5th AVENUE  
GAINESVILLE, FL. 32601

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/02 352-338-4435

CR2E037B (12/01)