

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90152 034 \*\*\*\*61.25

**DOCUMENT # N97000005854**

1. Entity Name

**EAST GAINESVILLE DEVELOPMENT TASK FORCE, INC.**

Principal Place of Business

Mailing Address

300 E UNIV  
 GAINESVILLE FL 32601  
 US

P.O. BOX 602  
 GAINESVILLE FL 32602  
 US

00073400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1000 NE 16th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. J. Suite 123

City & State

City & State

Gainesville, Florida

Zip

Country

Zip

Country

32609 United States

4. FEI Number

59-3481458

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

Name

Scherwin Henry

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

2336 NE 3rd Place

City

Gainesville

FL

Zip Code

32641

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

4/20/00

**FILE NOW:**  
**SEE 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 NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, SCHERWIN L 2336 N.E. 3RD PLACE GAINESVILLE FL 32641	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIESCHER, JANET 1110 NE 5TH PLACE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, ED JR. 1003 N.E. 23RD STREET GAINESVILLE FL 32641	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARINNER, WILLIAM E 306 N.E. 5TH AVENUE GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, MAN'E MARIE 809 SE 20TH STREET GAINESVILLE FL 32641	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HRUSKA, DAVID 3836 NW 31 PLACE GAINESVILLE FL 32606	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Scherwin Henry

4/20/00 (352) 377-1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)