


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

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90012 001 ****61.25

DOCUMENT # **N97 000005854**

1. Entity Name
East Gainesvilles Development Corporation



DO NOT WRITE IN THIS SPACE

14019415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
EAST GAINESVILLE DEV. CORP
Suite, Apt. #, etc.
SIXTH FLOOR
City & State
GAINESVILLE FL

3. Mailing Address
408 W. UNIVERSITY AVE.
Suite, Apt. #, etc.
City & State
Zip
32601 Country
USA

4. FEI Number
Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
ODETTA MACLEISH-WHITE

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

City
GAINESVILLE FL Zip Code
32609

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CHAIR ODETTA MACLEISH-WHITE SAME AS ABOVE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VICE CHAIR DAVID HRUSKA SAME AS ABOVE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREASURER ANTHONY GORDON SAME AS ABOVE	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Odette Macleish-White**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/05 (352)377-1911

Date Use Print Please

CR2E037B (12/02)