

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003714

1. Entity Name

GADSDEN 10/90 COMMERCE PARK OWNERS' ASSOCIATION,

Principal Place of Business

2324 CENTERVILLE RD  
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 14747  
TALLAHASSEE FL 32317-4747

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2290 DELTA BLVD

TALLAHASSEE FL

32303

LEON

6. Name and Address of Current Registered Agent

HUNT, JOHN E JR  
2324 CENTERVILLE RD  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Sidney E. GRAY

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

2290 DELTA BLVD

City

TALLAHASSEE

FL

Zip Code

32303

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

FILE NOW:  
FEE 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, ARMER E	
STREET ADDRESS	2324 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HUNT, JOHN E SR	
STREET ADDRESS	2324 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUNT, JOHN E JR	
STREET ADDRESS	2324 CENTERVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEX C THOMPSON	
STREET ADDRESS	2290 DELTA BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIDNEY E GRAY	
STREET ADDRESS	2290 DELTA BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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:

SIGNATURE REQUIRED

5-1-00

Date

750-

224-0137

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90051 003 \*\*\*\*61.25

4. FEI Number 59-3483321  
APPLIED FOR  
Applied For Not Applicable

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