


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90153 030 ****61.25

DOCUMENT # N98000005188

1. Entity Name
THE GAINESVILLE COMMUNITY FOUNDATION, INC.



Principal Place of Business
**5346 S.W. 91ST. TERRACE
GAINESVILLE FL 32608**

Mailing Address
**5346 S.W. 91ST. TERRACE
GAINESVILLE FL 32608**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

TILLMAN, MICHAEL
5346 S.W. 91ST. TERRACE
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 obligations of registered agent.

SIGNATURE _____ (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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	TILLMAN, MICHAEL	
STREET ADDRESS	5346 SW 91ST TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEGENER, STUART S	
STREET ADDRESS	1734 NW 7TH PL.	
CITY-ST-ZIP	GAINESVILLE FL 32603	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KENDZIOR, TONY	
STREET ADDRESS	7257 NW 4TH BLVD, PMB 144	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWARD, PATRICK W CPA	
STREET ADDRESS	4010 NW 25TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
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 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	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDZIOR, TONY	
STREET ADDRESS	7257 NW 4 BLVD PMB144	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
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: MICHAEL TILLMAN 1/28/03 352-335-9015

CR2E037 (10/02)