

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005260

1. Entity Name

GAINESVILLE BASKETBALL COACHES ASSOCIATION, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90349 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2790 NW 43 STREET STE 200  
 GAINESVILLE FL 32606

2790 NW 43 STREET STE 200  
 GAINESVILLE FL 32606-6609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRUEGER, SCOTT D  
 2790 NW 43 STREET STE 200  
 GAINESVILLE FL 32606

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS HORODYSKI, BOB  
 CITY-ST-ZIP P O BOX 142611 N/A  
 GAINESVILLE FL 32614-2611

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS LONG, ANTHONY  
 CITY-ST-ZIP P O BOX 142611 N/A  
 GAINESVILLE FL 32614-2611

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS DELUCAS, MIKE  
 CITY-ST-ZIP P O BOX 142611 N/A  
 GAINESVILLE FL 32614-2611

TITLE ☐ Change ☒ Addition  
 NAME MARK GRISSACK  
 STREET ADDRESS P.O. Box 142611 N/A  
 CITY-ST-ZIP GAINESVILLE, FL 32614-2611

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PICKENS, DAVE  
 CITY-ST-ZIP P O BOX 142611 N/A  
 GAINESVILLE FL 32614-2611

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)