

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006177

1. Entity Name

CELLON CREEK INDUSTRIAL PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2012 WEST UNIVERSITY AVENUE  
GAINESVILLE FL 32603

P.O. BOX 14425  
GAINESVILLE FL 32604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3567660

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

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

City

FL

Zip Code

DELANEY, BRUCE D  
2012 WEST UNIVERSITY AVENUE  
GAINESVILLE FL 32603

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 PT  
NAME DELANEY, BRUCE D ☐ Delete  
STREET ADDRESS 2012 WEST UNIVERSITY AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE PTSD ☒ Change ☐ Addition  
NAME DELANEY, BRUCE D.  
STREET ADDRESS 2012 WEST UNIVERSITY AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 32603 ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME CHAMBERS, RONALD C  
STREET ADDRESS 4045 N.W. 43RD STREET  
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ Change ☒ Addition  
NAME GLISSON, LONNA C.  
STREET ADDRESS 2012 WEST UNIVERSITY AVE  
CITY-ST-ZIP GAINESVILLE, FL 32603 ☐ Change ☐ Addition

TITLE SD ☒ Delete  
NAME HUDSON, CAROLINE S  
STREET ADDRESS 2012 W UNIVERSITY AVE  
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE D ☒ Delete  
NAME ALBEKORD, KATHY J  
STREET ADDRESS 2012 W. UNIV AVE  
CITY-ST-ZIP GAINESVILLE FL 32603

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME GLISSON, LONNA C.  
STREET ADDRESS 2012 WEST UNIVERSITY AVE  
CITY-ST-ZIP GAINESVILLE, FL 32603 ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02 (352)392-5405  
Date Daytime Phone #

CR2E037 (9/01)

0064703



DO NOT WRITE IN THIS SPACE