

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90021 042 ****61.25

DOCUMENT # N98000007357

1. Entity Name

ALLIANCE FOR ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

**300 EAST UNIVERSITY AVENUE
 GAINESVILLE FL 32601**

**300 EAST UNIVERSITY AVENUE
 GAINESVILLE FL 32601-5454**

2. Principal Place of Business

235 S MAIN ST

3. Mailing Address

P O Box 1187

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

Zip

Country

32602

Zip

Country

32602

4. FEI Number

59-3549623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROHRLACK, ROBERT
 300 EAST UNIVERSITY AVENUE
 GAINESVILLE FL 32601**

Name

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

235 S. MAIN St #206

City

GAINESVILLE

FL

Zip Code

32602

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

Robert Rohrlack

**Robert Rohrlack
 PRESIDENT**

4/28/00

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	P	<input type="checkbox"/> Delete
NAME	ROHLACK, ROBERT	
STREET ADDRESS	300 EAST UNIVERSITY AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GANTHER, RICHARD J DR	
STREET ADDRESS	P.O. BOX 100017	
CITY-ST-ZIP	GAINESVILLE FL 32614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOMBARDI, JOHN DR	
STREET ADDRESS	226 TIGERT HALL	
CITY-ST-ZIP	GAINESVILLE FL 32611	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DALE, ROBERT	
STREET ADDRESS	P.O. BOX 23999	
CITY-ST-ZIP	GAINESVILLE FL 32602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLINGER, BILL	
STREET ADDRESS	2700-A NW 43RD STREET	
CITY-ST-ZIP	GAINESVILLE FL 32306	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARRISH, JIM	
STREET ADDRESS	1405 N.W. 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32606	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK BOVAY	
STREET ADDRESS	901 NW 57th St	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Robinson	
STREET ADDRESS	P O Box 147006	
CITY-ST-ZIP	GAINESVILLE FL 32614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patsy Lindamood	
STREET ADDRESS	412 E University Ave	
CITY-ST-ZIP	GAINESVILLE FL 32601	
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:

Robert Rohrlack

ROBERT ROHRLACK

PRESIDENT

4/28/00

352)334-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 1 0:17 / 9/99