

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007357

1. Entity Name

ALLIANCE FOR ECONOMIC DEVELOPMENT, INC.

Principal Place of Business

235 S MAIN STREET
206
GAINESVILLE FL 32602

Mailing Address

PO BOX 1187
GAINESVILLE FL 32602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ROHRLACK, ROBERT
235 S MAIN STREET # 206
GAINESVILLE FL 32602

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.

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	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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Robinson	
STREET ADDRESS	PO BOX 147006	
CITY-ST-ZIP	GAINESVILLE FL 32614-7006	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Johnson	
STREET ADDRESS	3463 NW 13th St	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	Chair Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rafael Bustillo	
STREET ADDRESS	PO BOX 147002	
CITY-ST-ZIP	GAINESVILLE FL 32614-7002	
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: B. Robinson **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90072 015 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3549623 ☐ Applied For ☐ Not Applicable

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

0018962

CR2E037 (10/00)