

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000365

1. Entity Name

FLORIDA CLASSIC, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 041 ****70.00

Principal Place of Business

Mailing Address

1329 SW 16TH STE 5251
GAINSVILLE FL 32610

PO BOX 100303
GAINSVILLE FL 32610-0303

80007210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3551267

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

GRILL, LEONARD
1329 SW 16TH ST STE 5256
GAINSVILLE FL 32608

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 CD ☐ Delete
NAME GAINSTNER, J. RICHARD M.D.
STREET ADDRESS 1600 SW ARCHER DR
CITY-ST-ZIP GAINSVILLE FL

TITLE CD ☒ Change ☐ Addition
NAME Gaintner, J. Richard M.D.
STREET ADDRESS 1600 SW Archer Road, Box 100326
CITY-ST-ZIP Gainesville FL 32610

TITLE D ☐ Delete
NAME IVES, JOHN
STREET ADDRESS 5510 SW 41ST BLVD STE 201
CITY-ST-ZIP GAINSVILLE FL

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

TITLE D ☐ Delete
NAME TUBB, MARILYN
STREET ADDRESS 1600 SW ARCHER RD BOX 100327
CITY-ST-ZIP GAINSVILLE FL

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
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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: Richard M. D. Gaintner SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000
Date

395-6995
Daytime Phone #