

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000000853****1. Entity Name**
PRIDE CELEBRATION OF GAINESVILLE, INC.

Principal Place of Business P.O. BOX 1451 GAINESVILLE FL 32602	Mailing Address P.O. BOX 1451 GAINESVILLE FL 32602
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2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3558901	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCGLONE KATHLEEN 3930 S.E. 14TH TERR. GAINESVILLE FL 32641 US	7. Name and Address of New Registered Agent Name FAIBISY DOTTY Street Address (P.O. Box Number is Not Acceptable) 802 W UNIVERSITY AVE City GAINESVILLE FL Zip Code 32601
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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** DOTTY FAIBISY **09/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL WENDY 2502 NE 11TH TERRACE GAINESVILLE FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK KELLY 4405 S.W. 20TH LANE GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN FRANCIS 915 NW 30TH AVE GAINESVILLE FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOODY VERTIGO 306 NE 7TH ST GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAUGHVEN CYNTHIA 815 NW 32ND PLACE GAINESVILLE FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SAPP GLORIA 5050 SE 135TH ST STARKE FL 32091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KUBISEK MICHAEL 1027 NW 4TH STREET GAINESVILLE FL 32601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FLEMING TERENCE 306 NE 7TH ST GAINESVILLE FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** TERENCE FLEMING **CD** **09/12/2001**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDateDaytime Phone #

CR2E037 (11/00)