2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State
08-21-2000 90210 016 ****61.25

DOCUMENT # N99000001592

1. Entity Name

ALACHUA COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13331 NW 173RD ST. ALACHUA FL 32615	13331 NW 173RD ST. ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14625 NW 144 ST	PO BOX 611
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALACHUA FL	City & State: ALACHUA FL
Zip: 32615 Country:	Zip: 32616 Country:

4. FEI Number ☒ 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
BOYES, PATRICE ESQ. 602 S. MAIN ST. GAINESVILLE FL 32602	Name: ROBERT A. PEREZ Street Address (P.O. Box Number is Not Acceptable): 14625 NW 144 ST City: ALACHUA FL Zip Code: 32615

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 A. Perez ROBERT A. PEREZ Aug. 16, 2000
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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HORTON, LYNN 13331 NW 173RD ST. ALACHUA FL 32615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SHERER, RICHARD 13331 NW 173RD ST. ALACHUA FL 32615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PD ROBERT A. PEREZ 14625 NW 144 ST ALACHUA FL 32615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D BUSY KISLIG SHIRES 14433 NW 173 ST ALACHUA FL 32615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D EILEEN McCOY 14410 NW 142 TER ALACHUA FL 32615
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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 REQUIRED Robert A. Perez ROBERT A. PEREZ 8/16/00 904 462-6372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #