

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-02-2001 90065 029 ****61.25

DOCUMENT # N99000002727

1. Entity Name

NORTH CENTRAL FLORIDA INTERFAITH SPONSORING COMM

Principal Place of Business

1001 NE 16TH AVE
GAINESVILLE FL 32601

Mailing Address

PO BOX 5246
GAINESVILLE FL 32627

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3583996

4. FEI Number

APPLIED FOR

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

LYDA, CLIFF
1001 N.E. 16TH AVE.
GAINESVILLE FL 32601

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	D	<input checked="" type="checkbox"/> Delete
NAME	MATCHETT, STEVEN	
STREET ADDRESS	3508 N.W. 19TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JULIEN, ROLAND	
STREET ADDRESS	500 N.E. 16TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, SAMUEL	
STREET ADDRESS	601 N.E. 19TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32641	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Cliff Lyda	
STREET ADDRESS	1001 N.E. 16th Ave	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.L. Lastinger	
STREET ADDRESS	2925 NW 39th Avenue	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Conover	
STREET ADDRESS	4225 NW 34th Street	
CITY-ST-ZIP	Gainesville, FL 32605	
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		
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-379-7822

CR2E037 (10/00)