

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90375 032 ****61.25

DOCUMENT # **N99000002873** ✓

1. Entity Name

Free Assembly Resource Fund, Inc.

Principal Place of Business

4590 SE 18th Place
Gainesville, FL 32641

Mailing Address - *same*

2. Principal Place of Business

4590 SE 18th Pl
 Suite, Apt. #, etc.

3. Mailing Address

same
 Suite, Apt. #, etc.

00055919

DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

same

4. FEI Number

593560069

Applied For

Not Applicable

Zip

32641

Country

USA

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

Name **ARJAY SUTTON**

Street Address (P.O. Box Number is Not Acceptable)

4590 SE 18th Place

City **Gainesville**

FL

Zip Code **32641**

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]

Executive Director

4/30/01

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 NAME ~~XXXXXXXXXX~~ Delete
 STREET ADDRESS *same*
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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)(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:

[Signature]

Executive Director

4/30/01

(352) 375-6231

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/00)