

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005826

1. Entity Name

FRIENDS OF THE GAINESVILLE MOUNTED PATROL, INC.

Principal Place of Business

3026 WEST SR 235  
BROOKER FL 32622

Mailing Address

3026 WEST SR 235  
BROOKER FL 32622

2. Principal Place of Business

3. Mailing Address

3224 NW 13TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Gainesville, FL

Zip

Country

Zip  
32609

Country

USA

4. FEI Number

59-3606048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, BARBARA L  
3026 WEST SR 235  
BROOKER FL 32622

7. Name and Address of New Registered Agent

Name  
Leonard Capeloto

Street Address (P.O. Box Number is Not Acceptable)  
3224 NW 13TH ST

City  
Gainesville

FL

Zip Code  
32609

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

Leonard Capeloto

4-22-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, BARBARA 3026 WEST SR 235 BROOKER FL 32622	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOTSON, SUSAN RT. 2 BOX 484 LAKE BUTLER FL 32054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPELOTO, BECKY 5333 NW 45 LN. GAINESVILLE FL 32606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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:

Becky Capeloto, Treasurer

4-22-01 (352) 375-8422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0080445

FILED  
Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90337 026 \*\*\*\*61.25

302622



DO NOT WRITE IN THIS SPACE