

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0009276

**DOCUMENT # N99000007415**

1. Entity Name

**JOHN D. MARSHALL HISPANIC-AMERICAN FOUNDATION IN  
 CORPORATED**

03-29-2002 91426 049 \*\*\*\*70.00

Principal Place of Business

Mailing Address

5011 N.W. 8TH AVE.  
 GAINESVILLE FL 32605

5011 N.W. 8TH AVE.  
 GAINESVILLE FL 32605



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3324 W. Univ. Ave. #201

3324 W. Univ. Ave

Suite/Apt. #, etc.

Suite/Apt. #, etc.

Gainesville, FL

#201

City & State

City & State

Gainesville, FL

Gainesville, FL

Zip

Zip

32607

32607

Country

Country

USA

Alachua

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOVKACH, WALTER M**  
**5011 N.W. 8TH AVE.**  
**GAINESVILLE FL 32605**

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

*John D. Marshall*

*3/20/02*

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  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**MARSHALL, JOHN D**  
**3324 W. UNIVERSITY AVE., #201**  
**GAINESVILLE FL 32607**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**SMITH, THOMAS L**  
**5000 BUFORD HWY., #232**  
**CHAMBLEE GA 30341**

☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**MARSHALL, JOHN D JR.**  
**101 DOGWOOD RIDGE DR.**  
**HAMPTON GA 30228**

☐ Delete

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☐ Change ☐ 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:**

*John D. Marshall Pres.* *3/20/02* *404/915/5189*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)