

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90035 044 \*\*\*\*61.25

0021041

**DOCUMENT # N99000007430**

1. Entity Name

**GREATER GAINESVILLE AREA ASSOCIATION FOR TECHNIC**

Principal Place of Business

2606 N.E. 17TH TERR.  
 GAINESVILLE FL 32609

Mailing Address

P O BOX 357913  
 GAINESVILLE FL 32635-7913

007807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3000 N.W. 83rd ST**

3. Mailing Address

Suite, Apt. #, etc.

**Gainesville, FL**

City & State

City & State

4. FEI Number

**59-3615065**

Applied For

Not Applicable

Zip

**32606**

Country

**Alachua**

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

**GENTRY, JOHN E**  
**2602 NW 156TH AVE.**  
**GAINESVILLE FL 32609**

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 **CD** ☐ Delete  
 NAME **MCGRAW, MICHAEL E**  
 STREET ADDRESS **2606 N.E. 17TH TERR.**  
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **SD** ☐ Delete  
 NAME **PAINTER, JERRY M**  
 STREET ADDRESS **2425 NE 19TH DR.**  
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **TD** ☐ Delete  
 NAME **GENTRY, JOHN E**  
 STREET ADDRESS **2602 NW 156 AVE.**  
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **D** ☐ Delete  
 NAME **LESLIE, BRIAN**  
 STREET ADDRESS **2500 NE 18TH TERR.**  
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE **D** ☐ Delete  
 NAME **JARZEMSKI, STEVE**  
 STREET ADDRESS **7005 NW 41 PLACE**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: **John E. Gentry**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/15/01**  
 Date

**352-395-5251**  
 Daytime Phone #

CR2E037 (10/00)