

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000101203

FILED
Apr 15, 2008
Secretary of State

Entity Name: UNION PROPERTIES OF GAINESVILLE, INC.

Current Principal Place of Business:

4421 NW 39TH AVENUE
BUILDING 2, SUITE 1
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357070
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 54-2073357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERUS, RHONDA C
4421 NW 39TH AVENUE
BUILDING 2, SUITE 1
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DERUS, RHONDA C
Address: 4421 NW 39TH AVE, BLDG 2, SUITE 1
City-St-Zip: GAINESVILLE, FL 32606

Title: VPD () Delete
Name: MILLER, GEORGE M
Address: 4428 S.W. 35TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA DERUS

PD

04/15/2008

Electronic Signature of Signing Officer or Director

_____ Date