

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000006734

1. Entity Name

GAINESVILLE REAL ESTATE MANAGEMENT CO., INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90219 003 \*\*\*150.00

Principal Place of Business

Mailing Address

2040 N.W. 67TH PLACE  
 GAINESVILLE FL 32653  
 US

P.O. BOX 5278  
 GAINESVILLE FL 32627-5278  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3152533

Applied For

Not Applicable

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

CRUTHER, KEITH A  
 2040 N.W. 67 PLACE  
 GAINESVILLE FL 32653

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS    | CITY-ST-ZIP                                  | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|-------------------|----------------------------------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       | D    | CRUTCHER, KEITH A | 2040 N.W. 67TH PLACE<br>GAINESVILLE FL 32653 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                                              | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                                              | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                                              | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                                              | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                                              | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|       |      |                   |                                              | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Crutcher

3/16/00

Date

352 376 4939

Daytime Phone #

03-22-2000 90219 003 \*\*\*150.00