

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041332

1. Entity Name

NORTH CENTRAL FLORIDA INVESTMENT COMPANY

Principal Place of Business

P.O. BOX 5785
GAINESVILLE FL 32602

Mailing Address

P.O. BOX 5785
GAINESVILLE FL 32627-5785

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

03-22-2000 90014 004 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3186780

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

WEST, J P
3333 NORTH MAIN STREET
GAINESVILLE FL 32609

Name **JOSEPH A. ALVAREZ**

Street Address (P.O. Box Number is Not Acceptable)
3333 NORTH MAIN 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 *Joseph A. Alvarez*
Signature, typed or printed name of registered agent and title if applicable.

JOSEPH A. ALVAREZ
(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	P	<input checked="" type="checkbox"/> Delete
NAME	WEST, PAUL	
STREET ADDRESS	3333 MAIN ST.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	GM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH A. ALVAREZ	
STREET ADDRESS	3333 N. MAIN ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joseph A. Alvarez* **JOSEPH A. ALVAREZ** **352-376-5371**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)