

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066789

1. Entity Name

INVEST IN NORTH FLORIDA, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90036 026 ***150.00

Principal Place of Business	Mailing Address
2251 NW 41ST STREET SUITE E GAINESVILLE FL 32606 US	2251 NW 41ST STREET SUITE E GAINESVILLE FL 32606-6668 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3270210**

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

~~ALBERTSON, LAWRENCE P~~
225 NW 41ST. ST. SUITE E
GAINESVILLE FL 32606

Name Gary W. Myers
Street Address (P.O. Box Number is Not Acceptable)
2251 NW 41st St, Suite E
City Gainesville FL Zip Code 32606

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

Gary W. Myers, President Gary Myers 1-26-2000
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

TITLE	D	<input type="checkbox"/> Delete
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NAME	KURTZ, JON M
STREET ADDRESS	211 E SILVER SPRINGS BLVD
CITY-ST-ZIP	OCALA FL 34478

TITLE	D	<input type="checkbox"/> Delete
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NAME	MEYERS, JAMES L
STREET ADDRESS	ONE PROGRESS BLVD, SUITE 23
CITY-ST-ZIP	ALACHUA FL 32615

TITLE	D	<input checked="" type="checkbox"/> Delete
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NAME	RUFFIER, JOAN
STREET ADDRESS	722 ALBA DR.
CITY-ST-ZIP	ORLANDO FL 32804

TITLE	P	<input checked="" type="checkbox"/> Delete
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NAME	ALBERTSON, LAWRENCE
STREET ADDRESS	2251 NW 41ST. ST. SUITE E
CITY-ST-ZIP	GAINESVILLE FL 32606

TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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NAME	Heggestad, Dr. Arnold
STREET ADDRESS	UF Box 115168
CITY-ST-ZIP	Gainesville, FL 32611

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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NAME	Myers, Gary W
STREET ADDRESS	2251 NW 41st St, Suite E
CITY-ST-ZIP	Gainesville, FL 32606

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

GARY MYERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00
Date

352-335-2334
Daytime Phone #