2000 UNIFORM BUSINESS REPORT (UBR)

| 2000 | <u> </u> | | 1 | , | -, | | | | | |
|---|--|---|-------------------|-----------------------|--|--|--|---|---------------------------------------|--|
| DOCUMENT # P95000097274 1. Entity Name | | | | | | FILED SECRETARY OF STATE SIVISCO OF CORPORATIONS | | | | |
| RUSSELL ENTERPRISES OF ALACHUA COUNTY, INC. | | | | | , | | | | 7 | |
| Principal Place of Business Mailing Address | | | | | $\overline{}$ | 00 | OCT 12 A | 411: 10 | | |
| 4620 N.W. 13TH STREET GAINESVILLE FL 32604 | | P.O. BOX 14165 GAINESVILLE FL 32604-2165 | | | | | | | | |
| | | | | | | | IS B eris Ba isi Ba sis Ba iri I | #6510 19151 1831 3 51 0 1 | AL 4880 BLS 1881 | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | | RE | REINSTANEWENTPACE OC | | | | |
| City & State |) | City & State | | | 4. F | FEI Number | 59-3362208 | | Applied For Not Applicable | |
| Zip | Country | Zip | Zip Count | | 5. (| Certificate of Sta | tus Desired | \$8.75 A | | |
| <u></u> | 6. Name and Address of Current | Registered Agent | | | 7. N | Name and Addre | ess of New Regist | ered Agent | | |
| D. Halle and Address of Current registered Agent | | | | | Name | | | | | |
| RUSSELL, DONALD L | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| |) N.W. 13TH STREET IESVILLE FL 32604 | | | | | | . | | | |
| | | City | | | | FL Zip Code | | | | |
| 9 The chaus | named entity submits this statement for | y the purpose of chambing its r | egistere | ed office or | registered ag | ent, or both, in th | ne State of Florida. | | | |
| o. The above | named composition in a statement in | proposool changing to . | ogiotore | | , - g | , | | , , | | |
| OLON LATE LINEY | Mounted h | DUM | | | / | | | 111/100 | <i>!</i> | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered | d Agent signatu | re required when re | einstating) | | DATE | | |
| 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550 | | | | | | | Oi Fii- | | | |
| Tax filing requirement and elects to do so. After SEPTEMBER 13, 200 | | | | | | | Campaign Financir d Contribution. | | 5.00 May Be Ided to Fees | |
| (See criter | ia on back) | Make Check Payabi | | | of State | | | | | |
| 11. | OFFICERS AND | DIRECTORS | 12. | | AD | DITIONS/CHAN | IGES TO OFFICER | | | |
| TITLE | DPST | ☐ Delete | TITLE | | | | | Chang | ge 🔲 Addition | |
| NAME | RUSSELL, DONALD L | | NAM | | | | | | Ì | |
| STREET ADDRESS | 4620 N.W. 13TH STREET | | | ET ADDRESS -ST-ZIP | | | | | i | |
| CITY-ST-ZIP | GAINESVILLE FL 32604 | | | | | 000 | 000343 | 24 7816M€ | cel Tadion | |
| title Name | | ☐ Delete | TITLE | | | UUL | 111/2/3/110 | 1~~[[[[]]]] | uu- r | |
| STREET ADDRESS | | | 1 | ET ADDRESS | | | ****750 | 00 **** | £750.00 | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | | |
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| NAME | | | NAM | | | | | | | |
| STREET ADORESS | | | R | et address -st-zip | | | | | | |
| CITY-ST-ZIP | | | | | | | - | ☐ Chang | ge Addition | |
| TITLE NAME | | ☐ Delete | TITLE | | | | | | \$0 | |
| STREET ADDRESS | | | 1 | ET ADDRESS | | | | • | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | πτι | | i I | | | Chang | ge | |
| NAME STREET ADDRESS | a arkina omonimos i bosanto monimos de se | eas outur o for notice bank for | NAM ¥71 : STRE | ie Eet address?" | " %\$" (~? <u>"</u> "): | | 180 TE 60 B. | W, | CATTOR SHEET | |
| CITY-ST-ZIP | | | 1.4 | -ST-ZIP | | e La Robert no 1872. | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Silite A. S. S. | | Delete T, Y | i niu | Emilinate | 1.43年人的选择 | · 4.20-48-49. (415.) | 对中国的 | Chan | ge 🗀 Addition | |
| NAME | 23 344 77 4444 77 | | NAM | BE | | | | | | |
| STREET ADDRESS | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | <u> </u> | 1- 4-1- fill 1 | | -ST-ZIP | ad in Cartin | 110.07/9\/3 E- | rida Statutas 16 | per certify that ti | he information | |
| 13. I hereby certify that the information supplied with this filling 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 supplied that report is true and accurate and the riply 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 of trustee employered to execute this apport 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 employered. | | | | | | | | | | |
| SIGNAT | URE: ////////// | PRINTED HAME OF SIGNING OFFICER | DIREC | TOR | _ | | Date | Daytime Phone | | |
| I | SIGNATURE AND LIFED ON | | , | | | | | • | | |