

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037658

1. Entity Name  
DRC OF GAINESVILLE, INC.

Principal Place of Business

402 LANSBROOK DRIVE  
VENICE FL 34292

Mailing Address

402 LANSBROOK DRIVE  
VENICE FL 34292

2. Principal Place of Business

GAINESVILLE  
Suite, Apt. #, etc.

3. Mailing Address

3905 SW 43rd  
Suite, Apt. #, etc.

City & State

GAINESVILLE

City & State

FLORIDA

Zip

31608

Country

USA

Zip

Country

4. FEI Number

65-0829778

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCMILLIN, DON R  
402 LANSBROOK DRIVE  
VENICE FL 34292

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, 2001 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

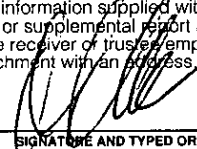
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCMILLIN, DON R	
STREET ADDRESS	402 LANSBROOK DRIVE	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:  DON R. MCMILLIN

1-7-01

357-376-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90190 040 \*\*\*150.00

00025129



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)