

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058623

1. Entity Name

A SUN STATION OF GAINESVILLE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90028 017 ***150.00

Principal Place of Business
2614 SW 34TH ST
STE 4
GAINESVILLE FL 32608

Mailing Address
2614 SW 34TH ST
STE 4
GAINESVILLE FL 32608-1710

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 **59-3455659**

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

BLITCH, QUINN R
2056 NW 55TH BLVD 2614 SW 34th St
APT B-5 Ste 4
GAINESVILLE FL 32653 Gainesville FL 32608

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	P	<input type="checkbox"/> Delete
NAME	BLITCH, QUINN R	
STREET ADDRESS	2056 NW 55TH BLVD B-5 2614 SW 34th St Ste 4	
CITY-ST-ZIP	GAINESVILLE FL 32653 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLITCH, KATHY D	
STREET ADDRESS	2056 NW 55TH BLVD B-5 2614 SW 34th St Ste 4	
CITY-ST-ZIP	GAINESVILLE FL 32653 32608	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEE, TONI K	
STREET ADDRESS	132 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32601	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Jack Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-00
Date

352 3354895
Daytime Phone #