

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061714

1. Entity Name

MESSAGE AWARENESS CENTER OF GAINESVILLE, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90040 035 ***150.00

Principal Place of Business

Mailing Address

~~501-D NW 23 AVENUE~~
GAINESVILLE FL 32609

~~501-D NW 23 AVENUE~~
GAINESVILLE FL 32609-8503

LU033200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2720 NW 6 St
Suite Apt. #, etc.
304

2720 NW 6 St
Suite Apt. #, etc.
304

City & State
Gainesville FL

City & State
Gainesville FL

4. FEI Number

3458847
59-3458870

Applied For

Not Applicable

Zip 32609

Country USA

Zip 32609

Country USA

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

WANDREY, KAROL
501-D NW 23 AVENUE
GAINESVILLE FL 32609

Name

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

2720 NW 6 St

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 *Karol Wandrey*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-2-2000

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
NAME WANDREY, KAROL
STREET ADDRESS ~~501-D NW 23 AVENUE~~
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS 2720 NW 6 St ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE VP
NAME HENDERSON, PAUL
STREET ADDRESS ~~501-D NW 23 AVENUE~~
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS 2720 NW 6 St ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Karol Wandrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

Date

352-377-4383

Daytime Phone #

CR2E034 (9/99)