## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000103154**

Country

6. Name and Address of Current Registered Agent

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

## DECEMBER PROPERTIES, INC.

Principal Place of Business

2. Principal Place of Business

COLLIER, NATHAN S

indicated on this report or supplemental re of the corporation or the receiver or truste changed, or on an attachment with an

SIGNATURE:

220 N MAIN ST **GAINESVILLE FL 32601**  Mailing Address

220 N MAIN ST CAINESVILLE FL 32601

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

P.O. BOX 13116 GAINESVILLE FL 32604-1116

3. Mailing Address

City & State

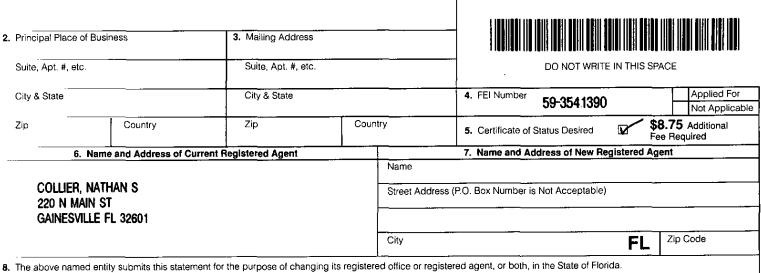
Zip

Suite, Apt. #, etc.

## **FILED** May 03, 2000 8:00 am Secretary of State

05-03-2000 90110 040 \*\*\*158.75

840118



DATE

4127100

FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99) . Change ☐ Addition ☐ Delete TITLE TITLE COLLIER, NATHAN S NAME STREET ADDRESS STREET ADDRESS 220 N MAIN ST CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32601** Addition ☐ Delete TITLE Change TITLE NAME MCGURN, KENNETH R NAME STREET ADDRESS STREET ADDRESS 101 S.E. 2ND PLACE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32601** ☐ Addition Change TITLE ☐ Delete TITLE NAME MCGURN, LINDA C STREET ADDRESS STREET ADDRESS 101 S.E. 2ND PLACE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32601** ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Adoition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. Thereby certify that the information supplies

NAME OF SIGNING OFFICER OR DIRECTOR

RINTED

Country

Name

City

(NOTE: Registered Agent signature required when reinstating)