

FILED
May 26, 2000 8:00 am
Secretary of State

01-19-2000 90145 017 ***150.00

DOCUMENT # P98000017883

1. Entity Name

FAST TRACK OF GAINESVILLE, INC.

Principal Place of Business

3715 N.W. 97TH BLVD.
 STE A
 GAINESVILLE FL 32606

Mailing Address

3715 N.W. 97TH BLVD.
 STE A
 GAINESVILLE FL 32606-5068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable5. 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

FOGG, ALAN S JR
 3715 N.W. 97TH BLVD.
 STE A
 GAINESVILLE FL 32606

Name

59-3633513

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 fee 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

TITLE	P	FOGG, ALAN S JR	<input type="checkbox"/> Delete
NAME		620 N.W. 16TH AVE.	
STREET ADDRESS		GAINESVILLE FL 32601	
CITY-ST-ZIP			
TITLE	V	FOGG, STEPHEN M	<input type="checkbox"/> Delete
NAME		610 N.W. 16TH AVE.	
STREET ADDRESS		GAINESVILLE FL 32601	
CITY-ST-ZIP			
TITLE	S	RENTZ, RICHARD D	<input type="checkbox"/> Delete
NAME		610 N.W. 16TH AVE.	
STREET ADDRESS		GAINESVILLE FL 32601	
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			

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME			
STREET ADDRESS			
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/2000 352-333-3011
X19

CR2034 (9/99)