

DOCUMENT # P99000087912

1. Entity Name

SKAMPERS OF ALACHUA COUNTY, INC.

Principal Place of Business

526
594 S.W. 4TH AVE.
GAINESVILLE FL 32601

Mailing Address

526
594 S.W. 4TH AVE.
GAINESVILLE FL 32601-6548

2. Principal Place of Business

526 SW 4th Ave

Suite, Apt. #, etc.

3. Mailing Address

526 SW 4th Ave

Suite, Apt. #, etc.

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32601

Country

Alachua

Zip

32601-6548

Country

Alachua

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POSEY, MARGARET
801 NW 37TH DR.
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POSEY, DONALD W
540 NE 2ND AVE.
GAINESVILLE FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POSEY, MARGARET
801 NW 37TH DRIVE
GAINESVILLE FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
POSEY, LANCE D
801 NW 37TH DR.
GAINESVILLE FL 32605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 (352) 373-750
Date Daytime Phone #