

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2000 8:00 am**  
**Secretary of State**

02-27-2000 90049 001 \*\*\*600.00

**DOCUMENT # P99000090272**

1. Entity Name

**TG PROPERTIES OF NORTH FLORIDA, INC.**

9221



DO NOT WRITE IN THIS SPACE

Principal Place of Business 605 N.W. 8TH AVENUE GAINESVILLE FL 32601	Mailing Address 605 N.W. 8TH AVENUE GAINESVILLE FL 32601-5074
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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 59-3605443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOVKACH, WALTER M**  
**5011 N.W. 8TH AVENUE**  
**GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

Name **G.E. TURBYFILL JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**605 NW 8TH AVE**  
 City **GAINESVILLE** FL Zip Code **32601**

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 **G.E. Turbyfill Jr.** DATE **2/16/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>TOVKACH, WALTER M</b>
STREET ADDRESS	<b>5011 N.W. 8TH AVENUE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32605</b>
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GE TURBYFILL JR</b>
STREET ADDRESS	<b>605 NW 8TH AVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>
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 all other like empowered.

SIGNATURE: **G.E. Turbyfill Jr.** DATE **2/15/00** DAYTIME PHONE # **352-395-6480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)