

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105581

1. Entity Name

EIGHT SECONDS OF GAINESVILLE, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90015 013 \*\*\*150.00

Principal Place of Business

100 WEST LIVINGSTON STREET  
ORLANDO FL 32801

Mailing Address

100 WEST LIVINGSTON STREET  
ORLANDO FL 32801

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

59-3614960

Applied For

Not Applicable

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

HARMENING, W.A. II  
100 WEST LIVINGSTON STREET  
ORLANDO FL 32801

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMENING, W.A. II		NAME		
STREET ADDRESS	100 WEST LIVINGSTON STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOHN LOCKE	
STREET ADDRESS			STREET ADDRESS	100 WEST LIVINGSTON ST	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete	TITLE	SIT, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JUDY A. BRINKMAN	
STREET ADDRESS			STREET ADDRESS	100 WEST LIVINGSTON ST	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ROBERT H. STINE	
STREET ADDRESS			STREET ADDRESS	100 WEST LIVINGSTON ST	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 407-843-5775

CR2E034 (9/99)