

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90824 021 ***150.00

DOCUMENT # P99000111305

1. Entity Name

CALZATURA OF GAINESVILLE, INC.

Principal Place of Business

**101 SE SECOND PLACE
 SUITE 106
 GAINESVILLE FL 32601**

Mailing Address

**101 SE SECOND PLACE
 SUITE 106
 GAINESVILLE FL 32601**

2. Principal Place of Business

201 SE 2nd Ave

Suite, Apt. #, etc.

Suite 109

City & State

Gainesville, FL

Zip

32601

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3613056

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

DICANDIA, MAURA

**101 SE SECOND PLACE
 SUITE 100
 GAINESVILLE FL 32601**

Name

Maura DiCandia

Street Address (P.O. Box Number is Not Acceptable)

201 SE 2nd Ave

Suite 109

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

Maura F. DiCandia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/01

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, 2001 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** ☐ Delete
 NAME **DICANDIA, MAURA**
 STREET ADDRESS **101 SE SECOND PL- STE 100**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **D** ☒ Delete
 NAME **DICANDIA, CONO**
 STREET ADDRESS **101 SE SECOND PL- STE 100**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
 NAME **maura DiCandia**
 STREET ADDRESS **201 SE 2nd Ave Suite 109**
 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **C** ☒ Change ☐ Addition
 NAME **Cono DiCandia**
 STREET ADDRESS **201 SE 2nd Ave Suite 109**
 CITY-ST-ZIP **Gainesville, FL 32601**

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

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

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

TITLE ☐ Change ☐ 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:

Maura F. DiCandia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/01 (352) 336-7463
 Daytime Phone #

CR2E034 (10/00)