

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V30294** (5)

1. Corporation Name

NORTH CENTRAL UMPIRES' ASSOCIATION OF GAINESVILLE, INC.



Principal Place of Business

Mailing Address

1210 N MAIN ST
PO BOX 2154
HIGH SPRINGS FL 32643
US

PO BOX 2154
HIGH SPRINGS FL 32643
US

2. Principal Place of Business

2a. Mailing Address

21 1128 N.W. 36th Terrace

26 1128 N.W. 36th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Gainesville, FL

28 Gainesville, FL

24 Zip Country
32605 U.S.

29 Zip Country
32605 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1992

3a. Date of Last Report

03/23/1995

4. FEI Number

59-3163253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

BUCKNER, PAUL A.
1210 N MAIN ST
PO BOX 2154
HIGH SPRINGS FL 32643

81 Name

Riedy, Mark

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

1128 N.W. 36th Terrace

83

84 City

Gainesville,

FL

85 Zip Code

32605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

MARK RIEDY

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

(Not to be signed Agent) Signature, typed or printed name of officer or director

4/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME BUCKNER, PAUL
STREET ADDRESS P.O. BOX 2154 N/A
CITY- ST- ZIP HIGH SPRINGS FL 32643

TITLE ☐ DELETE

V
NAME REED, HAL
STREET ADDRESS 2508 NW 57 PL
CITY- ST- ZIP GAINESVILLE FL

TITLE ☐ DELETE

S
NAME BOOTH, MIKE
STREET ADDRESS 3645 NW 51 TERR
CITY- ST- ZIP GAINESVILLE FL

TITLE ☐ DELETE

T
NAME MURDOCK, DOUG
STREET ADDRESS P.O. BOX 12 N/A
CITY- ST- ZIP ALACHUA FL 32615

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

12 NAME

RIEDY, MARK

13 STREET ADDRESS

1128 N.W. 36TH TERRACE
GAINESVILLE, FL 32605

14 CITY- ST- ZIP

2.1 TITLE

V

22 NAME

BUCKNER, PAUL

23 STREET ADDRESS

P.O. BOX 2154

24 CITY- ST- ZIP

HIGH SPRINGS, FL 32655

3.1 TITLE

S

32 NAME

REED, HAL

33 STREET ADDRESS

2508 N.W. 57 PLACE
GAINESVILLE, FL 32653

34 CITY- ST- ZIP

4.1 TITLE

T

42 NAME

ROWLAND, SUSAN

43 STREET ADDRESS

6912 N.W. 44 PLACE
GAINESVILLE, FL 32606

44 CITY- ST- ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARK RIEDY, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (352) 392-0961

DAY

Daytime Phone

CR2E034 (12/95)