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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V39079 (1)

1. Corporation Name

ALACHUA SPORTS PUB, INC.

Principal Place of Business

HIGHWAY 441 N
ALACHUA FL 32615
US

Mailing Address

107 WOODLAND OAKS
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1992

3a. Date of Last Report

08/10/1994

4. FEI Number

59-3122786

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

9. This corporation has liability for alternate tax under S 190.022,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

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City & State

City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREIBERG, PAMELA L.
107 WOODLAND OAKS
ALACHUA FL 32615

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of Registered Agent, if any, must be signed by the Registered Agent.

Signature of Registered Agent, if any, must be signed by the Registered Agent.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PC
2. NAME	FREIBERG, PAMELA L
3. STREET ADDRESS	107 WOODLAND OAKS
4. CITY, ST, ZIP	ALACHUA FL 32615
5. TITLE	VS
6. NAME	FREIBERG, TERRY M
7. STREET ADDRESS	107 WOODLAND OAKS
8. CITY, ST, ZIP	ALACHUA FL 32615
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.021(3)(b), Florida Statutes. I further certify that the information included on this annual report is supplemented 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 227, Florida Statutes, and that my name appears on the 12th of March, 1995, and changed, or on an attachment with my address.

SIGNATURE:

Pamela L. Freiberg
Pamela L. Freiberg

OWNER/PRES. 4/30/95 904-462-6872