

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90020 001 \*\*\*\*61.25

**DOCUMENT # N00000008375**

1. Entity Name

**GAINESVILLE COUNCIL ON AGING, INC.**

Principal Place of Business

Mailing Address

**230 S BARFIELD HWY  
 PAHOKEE FL 33476**

**230 S BARFIELD HWY  
 PAHOKEE FL 33476**

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

**65-1075845**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKIBBEN, R. BRUCE JR  
 1301 MICCOSUKEE RD  
 TALLAHASSEE FL 32308**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	AKINS, KENNETH	
STREET ADDRESS	9840 SW 35 CT	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COWINS, MYRTLE	
STREET ADDRESS	4351 SE 26 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WATSON, JOANN	
STREET ADDRESS	2001 SW 3 AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	BROCATO, MAXCINE	
STREET ADDRESS	915 SE 15 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Stoner, Martha		
STREET ADDRESS	3513 SE 35th Ave		
CITY-ST-ZIP	Okeechobee Fl		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Hegley, Mary		
STREET ADDRESS	1350 NE 39th Blvd		
CITY-ST-ZIP	Okeechobee Fl		
TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bollock, Merle		
STREET ADDRESS	3101 SE 37th Ave		
CITY-ST-ZIP	Okeechobee Fl		
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			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maxcine Brocato  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 561-924-5561  
 Date Daytime Phone #

CR2E037 (9/01)