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

05-05-2001 90824 017 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004586

1. Entity Name

F75 AND ARCHER ROAD, N. W. QUADRANT OWNERS ASSO

(UP)

Principal Place of Business

2012 W. UNIVERSITY AVENUE
GAINESVILLE FL 32603

Mailing Address

P.O. BOX 14425
GAINESVILLE FL 32604-2425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

C/O ACTION BEATY
6110-B NW 1 PL

GAINESVILLE FL

32607

4. FEI Number **59-3241007**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAM, LESUE D
2912 W. UNIVERSITY AVENUE
GAINESVILLE FL 32603

7. Name and Address of New Registered Agent

Name **D JEFFREY SAUSAMAN**
Street Address (P.O. Box Number is Not Acceptable)
C/O ACTION BEATY
6110-B NW 1 PL
City **GAINESVILLE** FL Zip Code **32607**

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 *D Jeffrey Sausaman* **D JEFFREY SAUSAMAN** **4/26/01**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: For, new Agent signature required when registering) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contributor. \$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 NAME STREET ADDRESS CITY-ST-ZIP	PST DELANEY, BRUCE D 2012 W. UNIVERSITY AVENUE GAINESVILLE FL 32603	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHENK, BRIAN P.O. BOX 23180 L.L. CHAMP FOOD STORES JACKSONVILLE FL 32241	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS-DALE 4001 SW 43RD ST CRACKER BARREL GAINESVILLE FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLIN, DONALD 402 LANSBROOK DR VENICE FL 34292	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2007 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *D Jeffrey Sausaman* **D JEFFREY SAUSAMAN** **4/26/01** **3527211233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

Bruce D Delaney 5/25/01 President