

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90024 021 ****61.25

DOCUMENT # N93000004586

1. Entity Name

**I-75 AND ARCHER ROAD, N. W. QUADRANT OWNERS ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

**2012 W. UNIVERSITY AVENUE
 GAINESVILLE FL 32603**

**P.O. BOX 14425
 GAINESVILLE FL 32604-2425**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3241007

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAUSAMAN, D JEFFREY
 C/O ACTION REALTY
 640-B NW 1 PC
 GAINESVILLE FL 32607**

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 **PST** Delete
 NAME **DELANEY, BRUCE D**
 STREET ADDRESS **2012 W. UNIVERSITY AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL 32603**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCHENK, BRIAN**
 STREET ADDRESS **P.O. BOX 23180 LIL CHAMP FOOD STORES**
 CITY-ST-ZIP **JACKSONVILLE FL 32241**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MAUSAR, FRED**
 STREET ADDRESS **4001 SW 43RD ST CRACKER BARREL**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MCMILLIN, DONALD**
 STREET ADDRESS **402 LANSBROOK DR**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: _____

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02
 Date

Daytime Phone #

CR2E037 (9/01)