

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N93000004586 1. Entity Name I-75 AND ARCHER ROAD, N. W. QUADRANT OWNERS ASSOCIATION, INC.				
Principal Place of Business % ACTION REALTY 6100-B NW 1ST PLACE GAINESVILLE, FL 32607		Mailing Address P.O. BOX 14425 GAINESVILLE, FL 32604-2425		
2. Principal Place of Business <i>do Action Realty</i> Suite, Apt. #, etc. 6110-B NW 1st Place City & State Gainesville FL Zip 32607		3. Mailing Address <i>do Action Realty</i> Suite, Apt. #, etc. 6110-B NW 1st Pl. City & State Gainesville, FL Zip 32607		
4. FEI Number 59-3241007		Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TENAGLIA, RIK C/O ACTION REALTY 6110-B NW 1ST PLACE GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when alternating)</small>				
FILE NOW - FEES \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PST NAME DELANEY, BRUCE D STREET ADDRESS 2012 W. UNIVERSITY AVENUE CITY-ST-ZIP GAINESVILLE, FL 32603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHENK, BRIAN STREET ADDRESS P.O. BOX 23180 LIL CHAMP FOOD STORES CITY-ST-ZIP JACKSONVILLE, FL 32241	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MAUSAR, FRED STREET ADDRESS 4001 SW 43RD ST CRACKER BARREL CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCMILLIN, DONALD STREET ADDRESS 402 LANSBROOK DR CITY-ST-ZIP VENICE, FL 34292	<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	
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	
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 or without like empowered.				
SIGNATURE: _____ DATE: 4/21/03		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <small>One Daytime Phone #</small>		

10089986



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)