

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90075 031 ****70.00

DOCUMENT # 702744

1. Entity Name

UNITED WAY OF MARION COUNTY, INC.

Principal Place of Business

Mailing Address

1401 NE 2ND ST.
 PO BOX 1086
 Ocala FL 34478
 US

1401 NE 2ND ST.
 PO BOX 1086
 Ocala FL 34478
 US

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

59-0946642

Applied For

Not Applicable

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

JAMES, TONI
1401 N.E. 2ND STREET
OCALA FL ~~32678~~ 34471

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** Delete
 NAME **BLED SOE, PHILLIP**
 STREET ADDRESS **334 NW 3RD AVENUE**
 CITY-ST-ZIP **OCALA FL 34475**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MUTARELLI, RICHARD**
 STREET ADDRESS **1101 SW 1ST AVENUE**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **JAMES, TONI**
 STREET ADDRESS **1401 NE 2ND STREET**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **LITTLE, ROBERT**
 STREET ADDRESS **1700 SE 17 STREET**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **SCHNEIDER, JIM**
 STREET ADDRESS **808 SW 17 STREET**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Change Addition
 NAME **Janet Kent**
 STREET ADDRESS **PO Box 6000**
 CITY-ST-ZIP **Ocala, FL 34478**

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 information.

SIGNATURE: *James* **James**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

352-732-9696

Date

Daytime Phone #

CR2E037 (9/01)