

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90003 047 ****61.25

DOCUMENT # 735901

1. Entity Name

MARION GRANGE NO. 207, INC.

DO NOT WRITE IN THIS SPACE

90991

2. Principal Place of Business

ROBERT LAW

Suite, Apt. #, etc.

5920 SE Stetson, Road

City & State

Bellevue, Fl.

Zip
34420Country
USA

3. Mailing Address

P.O. Box 1042

Suite, Apt. #, etc.

City & State

Bellevue, Fl.

Zip
34421Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7328391

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert Law

Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 1042

5234 S.E. 112th. Street

City

Bellevue

FL

Zip Code
34420DO NOT WRITE
IN THIS SPACE

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

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

Law, Robert

PO Box 1042

Bellevue, Fl. 34421

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jarvis, E. W.

Jarvis, E. W.

6352 SW 61st St

Ocala, Fl. 34476

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

Cole, Lucy

11265 SE 121st Lane Road

Bellevue, Fl. 34420

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

Cole, Doris

1706 SE 150th St.

Summerfield, Fl. 34491

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Law

Robert Law

4-20-02

352-347-3592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)