

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90197 009 \*\*\*\*61.25

**DOCUMENT # 735901**

1. Entity Name

**MARION GRANGE NO. 207, INC.**



Principal Place of Business

**ROBERT LAW**  
**5920 S.E. STETSON ROAD**  
**BELLEVUE FL 34420**  
**US**

Mailing Address

**PO BOX 1042**  
**BELLEVUE FL 34421**  
**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 **23-7328391**

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

**LAW, ROBERT**  
**5234 SE 112 ST.**  
**BELLEVUE FL 34420**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **DESELLEMS, FLORENCE**  
STREET ADDRESS **1981 S.E. 172ND AVE**  
CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☒ Change ☐ Addition  
NAME **Jarvis, E. W.**  
STREET ADDRESS **6352 S.W. 61st St.**  
CITY-ST-ZIP **Ocala, Fl. 34474 St.**

TITLE ☐ Delete  
NAME **COLE, LUCY**  
STREET ADDRESS **11265 S.E. 121ST LANE ROAD**  
CITY-ST-ZIP **BELLEVUE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **LAW, ROBERT**  
STREET ADDRESS **11680 SE 84 AVE**  
CITY-ST-ZIP **BELLEVUE FL**

TITLE ☐ Change ☐ Addition  
NAME **Law, Robert**  
STREET ADDRESS **10431 S.E. 49th. Court**  
CITY-ST-ZIP **Bellevue, Fl. 34420**

TITLE ☒ Delete  
NAME **COLE, DORIS**  
STREET ADDRESS **10210 SW 441 HIGHWAY**  
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE ☒ Change ☐ Addition  
NAME **Beatty, James**  
STREET ADDRESS **34951 Learn Road**  
CITY-ST-ZIP **Leesburg, Fl. 34788**

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 REQUIRED**

02/06/03

352-347-3592

CR2E037 (10/02)