

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 038 ****61.25

DOCUMENT # 751686

1. Entity Name

WITHLACOCHEE AREA LEGAL SERVICES, INC.

Principal Place of Business

Mailing Address

20 SOUTH MAGNOLIA AVE.
 Ocala FL 34474

20 SOUTH MAGNOLIA AVE.
 Ocala FL 34474-4151

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

59-2013486

Applied For

Not Applied

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

SCHENCK, KEITH M
110 N. APOPKA AVE.
INVERNESS FL 34450

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 **P** Delete
 NAME **LEE, HUGH**
 STREET ADDRESS **109 N. FLORIDA AVE-#207**
 CITY-ST-ZIP **BUSHNELL FL 33513-6156**

TITLE **VP** Change Addit
 NAME **LEE, HUGH**
 STREET ADDRESS **109 N. FLORIDA AVE. #207**
 CITY-ST-ZIP **BUSHNELL, FL 33513-6156**

TITLE **ST** Delete
 NAME **PARES, SEGISMUNDO**
 STREET ADDRESS **4440 SE 36TH AVE.**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **EXECUTIVE DIRECTOR** Change Addit
 NAME **GLENN A. SHUMAN**
 STREET ADDRESS **20 SOUTH MAGNOLIA AVENUE**
 CITY-ST-ZIP **OCALA, FL 34474**

TITLE **VP** Delete
 NAME **SCHENCK, KEITH M**
 STREET ADDRESS **110 N APOPKA AVE**
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **P** Change Addit
 NAME **SCHENCK, KEITH M.**
 STREET ADDRESS **110 N. APOPKA AVE.**
 CITY-ST-ZIP **INVERNESS, FL 34450**

TITLE **P** Delete
 NAME **MOBLEY, GERTRUDE**
 STREET ADDRESS **820 SOUTH MAIN STREET**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** Change Addit
 NAME **HOWTON, RUBY**
 STREET ADDRESS **5345 SW 58th St.**
 CITY-ST-ZIP **OCALA, FL 34474**

TITLE **D** Delete
 NAME **HALLMAN, WILLIAM H**
 STREET ADDRESS **503 E. JEFFERSON STREET**
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** Change Addit
 NAME **DUNN, DARLENE**
 STREET ADDRESS **P.O. BOX 1952**
 CITY-ST-ZIP **OCALA, FL 34478-1952**

TITLE **D** Delete
 NAME **HAMEL, SCOTT**
 STREET ADDRESS **P.O. BOX 2138**
 CITY-ST-ZIP **OCALA FL 34478-2138**

TITLE Change Addit
 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Glenn Shuman

1-19-00

352-629-0105