FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am **DOCUMENT # 751686 Secretary of State** 1. Entity Name WITHLACOOCHEE AREA LEGAL SERVICES, INC. 01-30-2001 90063 016 ****61.25 Principal Place of Business Mailing Address 20 SOUTH MAGNOLIA AVE. 20 SOUTH MAGNOLIA AVE. OCALA FL 34474 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address 222 S. W. Broadway St. <u> 222 S. W. Broadway St.</u> Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2013486 Not Applicable Ocala, FL Ocala, FL Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 34474 Marion 34474 Marion 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Darlene Dunn Street Address (P.O. Box Number is Not Acceptable) 1111 N. E. 25th Avenue, Suite 304 SCHENCK, KEITH M 110 N. APOPKA AVE. **INVERNESS FL 34450** City Zip Code Ocala, 34470 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61,25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VP-President TITLE ☐ Delete TITLE Change Addition LEE. HUGH NAME NAME Lee, Hugh STREET ADDRESS STREET ADDRESS 109 N. FLORIDA AVE-#207 109 N. Florida Avenue, #207 CITY-ST-7IP CITY-ST-7IP BUSHNELL FL 33513-6156 Bushnell, FL 33513-6156 TITLE ☐ Delete TITLE Change Addition Vice-President PARES, SEGISMUNDO NAME NAME Pares, Segismundo STREET ADDRESS STREET ADDRESS 4440 SE 36TH AVE. 4440 S. E. 36th Avenue CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34480** Ocala, FL -34480 TITLE Delete TITLE (Change Addition Director NAME SCHENCK, KEITH M NAME Joseph Mason STREET ADDRESS STREET ADDRESS 110 N APOPKA AVE P. O. Box 1900 CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL 34450 Brooksville, FL 34605 TITLE ☐ Delete TITLE Change ☐ Addition HOWTON, RUBY STREET ADDRESS STREET ADDRESS 5345 SW 58TH ST CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 TITLE ☐ Delete Secretary/Treasurer NAME DUNN, DARLENE NAME Dunn, Darlene STREET ADDRESS P O BOX 1952 STREET ADDRESS 1111 N. E. 25th Avenue, Suite 304 CITY-ST-7IP CITY-ST-ZIP OCALA FL 34478-1952 Ocala, FL 34470 ☐ Addition TITLE Delete TITLE ☐ Change HAMEL, SCOTT NAME NAME STREFT ADDRESS P.O. BOX 2138 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34478-2138 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.

REQUIREDDarlene Dunn SIGNATURE