

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90026 024 \*\*\*\*61.25

**DOCUMENT # 751686**

1. Entity Name

**WITLACOOCHEE AREA LEGAL SERVICES, INC.**

Principal Place of Business

Mailing Address

222 S W BROADWAY ST  
 Ocala FL 34474

222 S W BROADWAY ST  
 Ocala FL 34474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2013486**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNN, DARLENE**  
 1111 N E 25TH AVENUE  
 SUITE 304  
 Ocala FL 34470

Name

**Craggs, Ann Melinda**

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

**101 S. W. 3rd St.**

City

**Ocala,**

**FL**

Zip Code  
**34474**

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

*Ann Melinda Craggs*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*3/13/02*

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 **ST**  Change  Addition  
 NAME **Craggs, Ann Melinda**  
 STREET ADDRESS **101 S. W. 3rd St.**  
 CITY-ST-ZIP **Ocala, FL 34474**

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

TITLE **D**  Change  Addition  
 NAME **Pares, Segismundo**  
 STREET ADDRESS **4440 S. E. 36th Avenue.**  
 CITY-ST-ZIP **Ocala, FL 34480**

TITLE **D**  Delete  
 NAME **MASON, JOSEPH**  
 STREET ADDRESS **P O BOX 1900**  
 CITY-ST-ZIP **BROOKSVILLE FL 34605**

TITLE **P**  Change  Addition  
 NAME **Mason, Joseph**  
 STREET ADDRESS **P. O. Box 1900**  
 CITY-ST-ZIP **Brooksville, FL 34605**

TITLE **D**  Delete  
 NAME **HOWTON, RUBY**  
 STREET ADDRESS **5345 SW 58TH ST**  
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **VP**  Change  Addition  
 NAME **Snow, Daniel J.**  
 STREET ADDRESS **203 Courthouse Square**  
 CITY-ST-ZIP **Inverness, FL 34450**

TITLE **ST**  Delete  
 NAME **DUNN, DARLENE**  
 STREET ADDRESS **1111 N E 25TH AVENUE SUITE 304**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Ann Melinda Craggs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/13/02*

Date

*352-622-1188*

Daytime Phone #

CR2E037 (9/01)