

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90132 045 ****61.25

902900



DO NOT WRITE IN THIS SPACE

DOCUMENT # 753699

1. Entity Name
OCALA SHRINE CLUB ASSOCIATION, INC.

Principal Place of Business Mailing Address
4301 SE MARIEAMP RD **PO BOX 830035**
OCALA FL 34483 **OCALA FL 34483-0035**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
23-7323451 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

FRENCH, EARL
3321 NW 44TH CT
OCALA FL 34482

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 **EARL FRENCH, Secy. Earl French** DATE **1-7-00**
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW:
FEES 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 NAME	PD POTTER, MARION	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	16767 SE HIGHWAY 301 SUMMERFIELD FL 34491	
TITLE NAME	VD MARCUM, LARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	PO BOX 83 CITRA FL 32113	
TITLE NAME	VD MILLER, JEFFREY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5501 NW 62ND PLACE Ocala FL 34475	
TITLE NAME	SD FRENCH, EARL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3321 NW 44TH CT Ocala FL 34482	
TITLE NAME	TD REID, HUGH	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	513 SE 52ND AVENUE Ocala FL 34471	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	PD LARRY MARCUM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	PO Box 83 CITRA FL 32113	
TITLE NAME	VD MILLER, JEFFREY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	5501 NW 62ND PLACE Ocala FL 34475	
TITLE NAME	PD HENNESSY, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1127 NE 42ND AVE Ocala FL 34470	
TITLE NAME	VD MILLER, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	353 NE 158TH PLACE CITRA FL 32113	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **EARL FRENCH, Secy. Earl French** DATE **1-7-00** DAYTIME PHONE # **352-694-1575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)