

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90088 030 ****61.25

DOCUMENT # 753699

1. Entity Name

OCALA SHRINE CLUB ASSOCIATION, INC.

Principal Place of Business

4301 SE MARIEAMP RD
 Ocala FL 34483

Mailing Address

PO BOX 830035
 Ocala FL 34483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7323451

Applied For

Not Applicable

Zip

Country

Zip

Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HENNESSY, JOHN	1127 NE 42ND AVE	OCALA FL 34470				
	PD		<input checked="" type="checkbox"/> Delete		VICE PRESIDENT		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	MARCUM, LARRY	PO BOX 83	CITRA FL 32113		MICHAEL STONE	4573 NE 6TH ST.	OCALA FL 34470
	VD		<input checked="" type="checkbox"/> Delete		PRESIDENT		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MILLER, JEFFREY	5501 NW 62ND PLACE	OCALA FL 34475		JEFFREY MILLER	5501 NW 62ND PL	OCALA FL 34475
	SD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FRENCH, EARL	3321 NW 44TH CT	OCALA FL 34482				
	TD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	REID, HUGH	513 SE 52ND AVENUE	OCALA FL 34471				
	VD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MILLER, ROBERT	353 NE 158TH PLACE	CITRA FL 32113				

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 352-694-1575
 Date Daytime Phone #

CR2E037 (10/00)