

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90143 001 ***122.50

DOCUMENT # 765191

1. Entity Name

ALTRUSA CLUB OF OCALA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4228
 OCALA FL 34478
 US

P.O. BOX 4228
 OCALA FL 34478-4228
 US

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

59-1742865

Applied For

Not Applicable

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

WALKER, MACLYN
7080 S.W. 27TH AVE
OCALA FL 34476

Name

Deborah M. Catabia

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

7500 NW 14th St

City

Ocala

FL

Zip Code

34482

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

Deborah M. Catabia - Deborah M. Catabia Pres.

4/28/00

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	D	<input checked="" type="checkbox"/> Delete
NAME	MAI, SHARON	
STREET ADDRESS	P.O. BOX 4155 N/A	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TROW, CAROL A	
STREET ADDRESS	1111 NE 25TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JAMES, GLORIA	
STREET ADDRESS	731 SE 39TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALVERY, CAROL	
STREET ADDRESS	723 SE 24TH TERR	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LEVEN, SYNDIE	
STREET ADDRESS	4101 SW 30TH CT	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, NANCY	
STREET ADDRESS	3400 SE 41ST PLACE	
CITY-ST-ZIP	OCALA FL 34480	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gloria James	
STREET ADDRESS	71 SE 39th Ave	
CITY-ST-ZIP	Ocala, FL. 34471	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dee Brown	
STREET ADDRESS	504 S.E. 49th Ave	
CITY-ST-ZIP	Ocala FL. 34471	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah M. Catabia	
STREET ADDRESS	7500 NW 14th St.	
CITY-ST-ZIP	Ocala FL. 34482	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maclyn Walker	
STREET ADDRESS	7080 S.W. 27th Ave	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Trow	
STREET ADDRESS	111 NE 25th Ave	
CITY-ST-ZIP	Ocala FL 34470	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances King	
STREET ADDRESS	700 SE 48th Ave	
CITY-ST-ZIP	Ocala, FL 34471	

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:

Deborah M. Catabia - Deborah M. Catabia Pres.

Date

Daytime Phone #

4/28/00

352-622-9090

CR2E037 (9/99)