2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 29, 2002 8:00 am
Secretary of State
02-27-2002 90015 014 ****61.25

DOCUMENT # 767762

1. Entity Name

MARION OAKS VOLUNTEER EYES, INCORPORATED

Principal Place of Business	Mailing Address
294 MARION OAKS LANE OCALA FL 34473 US	294 MARION OAKS LANE OCALA FL 34473 US

DO NOT WRITE IN THIS SPACE

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 59-2348068 ☐ Applied For ☐ 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
BARNES, BILLIE 15606 SW 27 AVE RD OCALA FL 34473	Name SUE BIRCH Street Address (P.O. Box Number is Not Acceptable) 3616 SW 147th Place City Ocala FL Zip Code 34473

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.

SUE BIRCH PRESIDENT

SIGNATURE Sue Birch
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BIRCH, SUE 3616 SW 147TH PLACE OCALA FL 34473	☐ Delete	TITLE D NAME PRES STREET ADDRESS BIRCH SUE CITY-ST-ZIP 3616 SW 147th PL Ocala FL 34473	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIRCH ARTHUR 3616 SW 147 PLACE OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	T MAHON, JAMES V 15143 SW 38TH CIRCLE OCALA FL 34473-5907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	S FORD, BEVERLY 16850 SW 44TH CIRCLE OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNES, WILLIE 15606 SW 27 AVE RD OCALA FL 34473	☒ Delete	TITLE D NAME MAHON MARIE STREET ADDRESS 15143 SW 38th Circle CITY-ST-ZIP Ocala, Fl. 34473-5507	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARNES, BILLIE 15606 SW 27 AVE RD OCALA FL 34473	☒ Delete	TITLE D NAME MOFFITT Robert STREET ADDRESS 423 MARION OAKS DR CITY-ST-ZIP Ocala, Fl. 34473	☐ Change	☒ Addition

CR2E037 (9/01)

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: JAMES V. MAHON RETURNED 2/18/02 352-347-5303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #