

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

0079244

03-27-2001 90025 002 ****61.25

DOCUMENT # N03874

1. Entity Name

THE UNITARIAN UNIVERSALIST FELLOWSHIP OF MARION

Principal Place of Business

Mailing Address

PO BOX 830116
 OCALA FL 4483-0116

1 MIDWAY RD
 PO BOX 830116
 OCALA FL 34483-0116

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

59-2319450

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

O'HARA, JAMES M
3609 SE 33 AVE
OCALA FL 34471

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

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	VPD	<input type="checkbox"/> Delete
NAME	MILLS, JOYCE	
STREET ADDRESS	P.O. BOX 2762	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLD, RONA	
STREET ADDRESS	1004 SHAY BLVD.	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'HARA, JAMES M	
STREET ADDRESS	3609 SE 33 AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GREIGER, CONNIE	
STREET ADDRESS	4 SPRING DRIVE WAY	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RADOK, LYNN	
STREET ADDRESS	P.O. BOX 1376	
CITY-ST-ZIP	SILVER SPIRNGS FL 34489	
TITLE	PPS	<input checked="" type="checkbox"/> Delete
NAME	SCHEFFER, GENEVIEVE	
STREET ADDRESS	7093 EASY ST	
CITY-ST-ZIP	OCALA FL 34472	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Filley	
STREET ADDRESS	813 Aloha Way	
CITY-ST-ZIP	The Villages, FL 32159	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hyde Papin	
STREET ADDRESS	616 Bahia Circle	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Braden	
STREET ADDRESS	1349 Balbag Tekos	
CITY-ST-ZIP	The Villages, FL 32159	

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 M. O'Hara
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-01

(352)694-6132

Date

Daytime Phone #

CR2E037 (10/00)