

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90200 009 ****61.25

DOCUMENT # N03874

1. Entity Name

THE UNITARIAN UNIVERSALIST FELLOWSHIP OF MARION COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

PO BOX 830116
 OCALA FL 4483-0116

1 MIDWAY RD
 PO BOX 830116
 OCALA FL 34483-0116

80004100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2319450

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

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: Delete
 NAME: **VPD MILLS, JOYCE**
 STREET ADDRESS: **P.O. BOX 2762**
 CITY-ST-ZIP: **OCALA FL 34478**

TITLE: Change Addition
 NAME: *Bingley, Muriel*
 STREET ADDRESS: *437 Mark Drive*
 CITY-ST-ZIP: *Lady Lake, FL 32159*

TITLE: Delete
 NAME: **D GOLD, RONA**
 STREET ADDRESS: **1004 SHAY BLVD.**
 CITY-ST-ZIP: **LADY LAKE FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **O'HARA, JAMES M**
 STREET ADDRESS: **3609 SE 33 AVE**
 CITY-ST-ZIP: **OCALA FL**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **D FILLEY, JOHN**
 STREET ADDRESS: **813 ALOHA WAY**
 CITY-ST-ZIP: **THE VILLAGES FL 32159**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **D PAPIN, HYDLE**
 STREET ADDRESS: **610 BAHIA CIRCLE**
 CITY-ST-ZIP: **OCALA FL 34472**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: Delete
 NAME: **D BRADEEN, KEN**
 STREET ADDRESS: **1349 BALBAG TEKOS**
 CITY-ST-ZIP: **THE VILLAGES FL 32159**

TITLE: Change Addition
 NAME: _____
 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: *James M. O'Hara*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02 352 699-0132
 Date Daytime Phone #

CP2E037 (9/01)