

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90042 012 ****70.00

DOCUMENT # N28116

1. Entity Name

PUBLIC EDUCATION FOUNDATION OF MARION COUNTY, IN

Principal Place of Business

Mailing Address

512 S.E. 3RD ST.
 OCALA FL

P.O. BOX 670
 OCALA FL 34478-0670

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

59-2949915

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XXX

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILLIE, JAYE Beth McCall
 110 E. SILVER SPRINGS BLVD
 OCALA FL 34470

Name
Beth McCall

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

Beth McCall

Beth McCall, Executive Director

2/3/00

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 **PED** ☐ Delete
 NAME **DAVID WERNER**
 STREET ADDRESS **35 SE 1ST AVE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **PD** ☒ Change ☐ Delete
 NAME **David Werner**
 STREET ADDRESS **35 SE 1st Avenue**
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE **PD** ☐ Delete
 NAME **CARMEN MAINES**
 STREET ADDRESS **2830 SE 41ST PLACE**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE **IMMEDIATE PAST PRESIDENT** ☒ Change ☐ Delete
 NAME **Carmen Maines**
 STREET ADDRESS **2830 SE 41st Place**
 CITY-ST-ZIP **Ocala, FL 34480**

TITLE **ED** ☐ Delete
 NAME **BAILLIE, JAYE**
 STREET ADDRESS **110 E. SILVER SPRINGS BLVD**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **Beth McCall** ☒ Change ☐ Delete
 NAME **Beth McCall**
 STREET ADDRESS **110 E. Silver Springs Blvd.**
 CITY-ST-ZIP **Ocala, FL 34470**

TITLE **TD** ☐ Delete
 NAME **STROH, SARAH**
 STREET ADDRESS **3300 SW 34TH AVE.**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **STD** ☒ Change ☐ Delete
 NAME **STD**
 STREET ADDRESS **STD**
 CITY-ST-ZIP **STD**

TITLE **PD** ☒ Delete
 NAME **EVANS, WILLIAM**
 STREET ADDRESS **SUN TRUST BANK**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Change ☐ Delete
 NAME **Mike Hill**
 STREET ADDRESS **2020 SE 17th Street**
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE **SD** ☐ Delete
 NAME **JORDAN, CHARLES MD**
 STREET ADDRESS **1800 SW 42ND STREET**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **President Elect Director** ☒ Change ☐ Delete
 NAME **Charles Jordan MD**
 STREET ADDRESS **1800 SW 42nd Street**
 CITY-ST-ZIP **Ocala, FL 34474**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beth McCall **Beth McCall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00 **352-620-765**
 Date Daytime Phone #