

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90193 017 \*\*\*\*61.25

**DOCUMENT # N31135**

1. Entity Name

**MISS MARION COUNTY SCHOLARSHIP PAGEANT, INC.**



Principal Place of Business

2192 E. S.S. BLVD  
 OCALA FL 34470  
 US

Mailing Address

2192 E SILVER SPRING BLVD  
 OCALA FL 34470  
 US

9669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3018193

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

DUDLEY, MARY KATHERYNE R  
 2192 E. SILVER SPRINGS BLVD  
 OCALA FL 34470

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 NAME P D  Delete  
 DYLES, NATHAN  
 STREET ADDRESS 10340 N ATHENIA DR  
 CITY-ST-ZIP CITRUS SPRINGS FL 34434

TITLE NAME Vice Pres D  Change  Addition  
 NAME RANDY ALORD  
 STREET ADDRESS 4 TEAK CT  
 CITY-ST-ZIP OCALA FL 34470

TITLE NAME DS  Delete  
 MITTERGNERG, DEBBIE  
 STREET ADDRESS 15740 SE 40TH AVE  
 CITY-ST-ZIP WEIRSDALE FL 32195

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

TITLE NAME DT D  Delete  
 MURPHY, HAZEL  
 STREET ADDRESS 2001 NE 48TH ST  
 CITY-ST-ZIP OCALA FL 34479

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

TITLE NAME DM D  Delete  
 ROSSI, MARY K  
 STREET ADDRESS 2192 E. SILVER SPRINGS BLVD  
 CITY-ST-ZIP OCALA FL 34470

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

TITLE NAME  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  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

*Mary K. Rossi*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**REQUIRED**

Date

Daytime Phone #

4/27/01

CR2E037 (10/00)