

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90054 019 ****61.25

DOCUMENT # N32251



1. Entity Name
MARION COUNTY TIRE DEALERS ASSOCIATION, INC.

Principal Place of Business

**3000 NW PINE AVE
OCALA FL 34475
US**

Mailing Address

**3000 NW PINE AVE
OCALA FL 34475
US**

11006720



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**INGRAO, JOE
3000 NW PINE AVE
OCALA FL 34475**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **P** Delete
NAME: **INGRAO, JOE**
STREET ADDRESS: **3000 NW PINE AVE**
CITY-ST-ZIP: **OCALA FL 34470**

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

TITLE: **SD** Delete
NAME: **GRIGGS, ERNEST**
STREET ADDRESS: **424 S MAGNOLIA AVE**
CITY-ST-ZIP: **OCALA FL**

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

TITLE: **VD** Delete
NAME: **MANSFIELD, DORSEY**
STREET ADDRESS: **210 W SILVER SPRINGS BLVD**
CITY-ST-ZIP: **OCALA FL 34475**

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

TITLE: **TD** Delete
NAME: **KNOBLOCK, VICTOR F.**
STREET ADDRESS: **221 W SILVER SPRGS BLVD**
CITY-ST-ZIP: **OCALA FL**

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: *[Signature]* **REQU Victor F. Knoblock 4/21/03 (352) 622-8191**

CR2E037 (10/02)