

2000 UNIFORM BUSINESS REPORT (UBR)

22/24/00-90036-049-\$61.25-\$61.25

DOCUMENT # N43771

1. Entity Name

OCALA HUMAN RESOURCE MANAGEMENT ASSOCIATION, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 3:05

Principal Place of Business

Mailing Address

P O BOX 1724
OCALA FL 34478

P O BOX 1724
OCALA FL 34478-1724

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2947312

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

SWIGART, ELAINE
2 CEDAR TREE WAY
OCALA FL 34472

7. Name and Address of New Registered Agent

Name Beal, Cathy
Street Address (P.O. Box Number is Not Acceptable)
650 S.W. 27th Avenue
Ocala,
City FL Zip Code 34474

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 Cathy Beal Cathy Beal 11/3/00
Signature, typed or printed name of registered agent and one if applicable. (NO IF Registered Agent signature required when registering) DATE

FILE NOW!
FEE IS \$81.25

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

T NAME PATTI, SUSAN STREET ADDRESS 3139 S.E. 5TH STREET CITY-ST-ZIP OCALA FL 34470	<input checked="" type="checkbox"/> Delete
P NAME REDDISH, PATRICIA STREET ADDRESS 808 S.W. 12TH STREET CITY-ST-ZIP OCALA FL 34474	<input type="checkbox"/> Delete
S NAME JOHNSON, MARY ANN STREET ADDRESS 2002 NE 10TH ST CITY-ST-ZIP OCALA FL 34479	<input checked="" type="checkbox"/> Delete
P NAME BEAL, CATHY STREET ADDRESS 650 S.W. 27TH AVENUE CITY-ST-ZIP OCALA FL 34474	<input type="checkbox"/> Delete
T NAME HINKLE, LUCILLE STREET ADDRESS 1005 S.W. 10TH STREET, SUITE 102 CITY-ST-ZIP OCALA FL 34474	<input type="checkbox"/> Delete
D NAME MCCAMPBELL, ELAINE STREET ADDRESS 3929 SE 17 LANE CITY-ST-ZIP OCALA FL 34472	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VP NAME ALICE WHITE STREET ADDRESS P.O. Box 4860 CITY-ST-ZIP OCALA, FL 34478-4860	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S NAME Karen Smith STREET ADDRESS 3100 Maricamp Rd. CITY-ST-ZIP Ocala, 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 817, 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: Lucille Hinkle Lucille Hinkle 2/8/00 867-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Cathy Beal Cathy Beal 10/2/00
Signature Registered Agent Printed Name Date Daytime phone

CR2E037 (9/99)