

# 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N43771

### PENDING

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### REINSTATEMENT 02-03

### REINSTATEMENT PAGE 02-03

1. Entity Name  
**OCALA HUMAN RESOURCE MANAGEMENT ASSOCIATION, INC**

Principal Place of Business      Mailing Address  
P O BOX 1724      P O BOX 1724  
OCALA FL 34478      Ocala FL 34478

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      Applied For  
**59-2947312**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WHITE, ALEC**  
**SW 34TH AVENUE**  
**OCALA FL 34474**

7. Name and Address of New Registered Agent  
Name **Polly Gets**  
Street Address (P.O. Box Number is Not Applicable) **1700 SW 38<sup>th</sup> Avenue**  
City **Ocala**      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 *Pauline M. Gets*      **PAULINE M. GETS**      DATE **04-4-02**

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	
TITLE <b>PO - Past President</b> <input type="checkbox"/> Delete	NAME <b>WHITE, ALEC</b> STREET ADDRESS <b>3231 SW 34TH AVENUE</b> CITY-ST-ZIP <b>OCALA FL 34474</b>
TITLE <b>VD</b> <input checked="" type="checkbox"/> Delete	NAME <b>SCHMEELCKE, GRACE</b> STREET ADDRESS <b>2300 SE 17TH STREET STE 201</b> CITY-ST-ZIP <b>OCALA FL 34471</b>
TITLE <b>SD</b> <input checked="" type="checkbox"/> Delete	NAME <b>CARR, LOREN</b> STREET ADDRESS <b>650 SW 27TH AVENUE</b> CITY-ST-ZIP <b>OCALA FL 34474</b>
TITLE <b>PO</b> <input checked="" type="checkbox"/> Delete	NAME <b>BEAL, CATHY</b> STREET ADDRESS <b>650 S.W. 27TH AVENUE</b> CITY-ST-ZIP <b>OCALA FL 34474</b>
TITLE <b>TD</b> <input checked="" type="checkbox"/> Delete	NAME <b>SCHMIRLER, MICHELLE</b> STREET ADDRESS <b>8871 SW 57TH COURT ROAD</b> CITY-ST-ZIP <b>OCALA FL 34476</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>PAULINE M GETS</b> STREET ADDRESS <b>1700 SW 38 AVE</b> CITY-ST-ZIP <b>OCALA FL 34474</b>
TITLE <b>President-elect</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Patricia Glennon</b> STREET ADDRESS <b>PO BOX 1388</b> CITY-ST-ZIP <b>OCALA FL 34471</b>
TITLE <b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Donna Stapleton</b> STREET ADDRESS <b>2703 NE 14 STREET</b> CITY-ST-ZIP <b>OCALA FL 34470</b>
TITLE <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Terri Varnadoe</b> STREET ADDRESS <b>USA Security Pro, Inc 346 SW 57 Ave</b> CITY-ST-ZIP <b>Ocala FL 34474</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Pauline M. Gets*      DATE: **4/4/02**      DAYTIME PHONE: **352 291 4104**

CREEST (8/01)

*gl 3/7*