

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/1

**DOCUMENT # N93000000852**

03-13-2000 90111 013 \*\*\*\*70.00

1. Entry Name

**MID-FLORIDA OFFICIALS ASSOCIATION, INC.**

APPROVED  
AND  
FILED

00 JUN 29 PM 4:36

Principal Place of Business 540 SE 40TH TER OCALA FL 34471-3138 US	Mailing Address 540 SE 40TH TER OCALA FL 34471-3138 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>5511 NE 20th Ave.</i>	3. Mailing Address <i>5511 NE 20th Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Ocala, FL</i>	City & State <i>Ocala</i>	4. FEI Number <b>59-3144325</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34479</i>	Country <i>USA</i>	Zip <i>FL</i>	Country <i>USA</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**BOWEN, WILLIAM F JR.**  
540 SE 40TH TER  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name *Wayne Hunter*  
Street Address (P.O. Box Number is Not Acceptable)  
*5511 NE 20th Ave*  
City *Ocala* FL Zip Code *34479*

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 *Wayne Hunter - Treasurer* DATE *3-13-2000*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BOWEN, WILLIAM F JR.</b> 540 SE 40TH TER OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>ROBINSON, MARILYN</b> 5854 SE ROBINSON RD. BELLEVUE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P-D</b> <b>HOLT, ARTHUR F JR</b> 8801 VILLAGE GREEN BLVD. CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP-D</b> <b>COPPOCK, MARIO A.</b> 1280 W. LONG ST. LAKE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN AUKER, DICK</b> 1918 NE 9TH STREET OCALA FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZANT, DOUGLAS</b> 1931 NW 35TH STREET GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Wayne Hunter</b> <i>5511 NE 20th Ave</i> <i>Ocala, FL 34479</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.071(3)(i), Florida Statutes, 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: *Wayne Hunter* DATE *3-13-2000* DAYTIME PHONE # *352-627-1119*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)