

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90012 034 \*\*\*\*70.00

**DOCUMENT # N93000000852**

1. Entity Name

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

Principal Place of Business

5511 N.E. 20TH AVE.  
 Ocala FL 34479  
 US

Mailing Address

5511 N.E. 20TH AVE.  
 Ocala FL 34479  
 US

00042010



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

**59-3144325**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HUNTER, WAYNE**  
**5511 N.E. 20TH AVE.**  
**OCALA FL 34479**

7. Name and Address of New Registered Agent

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

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>HUNTER, WAYNE</b>	
STREET ADDRESS	<b>5511 N.E. 20TH AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, MARILYN</b>	
STREET ADDRESS	<b>5854 SE ROBINSON RD.</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLT, ARTHUR F JR</b>	
STREET ADDRESS	<b>8801 VILLAGE GREEN BLVD.</b>	
CITY-ST-ZIP	<b>CLERMONT FL 34711</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>COPPOCK, MARIO A.</b>	
STREET ADDRESS	<b>1260 W. LONG ST.</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Wayne Hunter, Treas* **Wayne Hunter, Treas** 1-28-02 352-629-1119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/01)