

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90098 027 \*\*\*\*61.25

**DOCUMENT # N94000000098**

1. Entity Name

**FT. KING FAMILY RESOURCE CENTER, INC.**

Principal Place of Business

Mailing Address

13 NE 36TH AVE.  
 OCALA FL 34470

13 NE 36TH AVE.  
 OCALA FL 34470-1302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3218269**

Applied For

Not Applicable

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

**MOXLEY, JOHN**  
**2320 NE 2ND ST.**  
**SUITE 4**  
**OCALA FL 34470**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	STEELE, DIANE	
STREET ADDRESS	3340 SE 1ST AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACKAY, DAVID	
STREET ADDRESS	2730 SE 16TH ST	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUSH, LARRY	
STREET ADDRESS	5550 SE 44TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLOCK, ERVIN	
STREET ADDRESS	505 SE 61ST ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAES, TERRY	
STREET ADDRESS	4005 SE FT. KING ST.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, CAROLYN	
STREET ADDRESS	707 SE 33RD AVE	
CITY-ST-ZIP	OCALA FL 34471	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steele, Diane	
STREET ADDRESS	3340 SE 1st Ave	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKAY, DAVID	
STREET ADDRESS	2730 SE 16th St	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOXLEY, JOHN	
STREET ADDRESS	2320 NE 2nd St, Suite 4	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY TAYLOR	
STREET ADDRESS	12859 SE 87th Terrace	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAES, TERRY	
STREET ADDRESS	4005 SE FT. KING ST.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASCO, RUSSELL	
STREET ADDRESS	1761 SE 38th Ct	
CITY-ST-ZIP	OCALA FL 34471	

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: *Carolyn Thomas* CAROLYN THOMAS, Treas.

3-6-00

352-694-2796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/95)

N94000000098

023474

Additions/Changes to Officers and Directors in 10, continued

D  
GILLMAN, PAT (Addition)  
1310 SE 3RD STREET  
OCALA FL 34471