# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 01, 2001 8:00 am**
**Secretary of State**
02-01-2001 90086 018 ****61.25

DOCUMENT # N94000005225

1. Entity Name

THE NEW INVERNESS OLDE TOWN ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 207 NORTH APOPKA AVENUE<br>INVERNESS FL 34450 | 207 NORTH APOPKA AVENUE<br>INVERNESS FL 34450 |

- 63509

DO NOT WRITE IN THIS SPACE

| 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 59-3289247 ☐ Applied For ☐ Not Applicable

5. ~~Certificate of Status Desired~~ ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIXON, SANDRA
207 NORTH APOPKA AVENUE
INVERNESS FL

7. Name and Address of New Registered Agent

Name: NINNAH SOLADEAN
Street Address (P.O. Box Number is Not Acceptable): 207 N. APOPKA AVE.
City: INVERNESS, FL. 34450 FL Zip Code: 34450

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: x Ninnah Soladean — January 26, 2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DIXON, SANDRA<br>207 N. APOPKA AVENUE<br>INVERNESS FL 34450 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D TREASURER<br>NINNAH SOLADEAN<br>207 N. APOPKA AVE.<br>INVERNESS, FL. 34450 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHANNELL, JOHN<br>110 W. MAIN STREET<br>INVERNESS FL 34440 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D VICE PRES.<br>Scott Lee - c/o E. Jones Co.<br>109 West Main St.<br>INVERNESS, FL. 34450 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRAHAM, GARY<br>407 COURTHOUSE SQUARE<br>INVERNESS FL 34450 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D DIRECTOR<br>DAN QUICK<br>ONE COURTHOUSE SQUARE<br>INVERNESS, FL. 34450 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PERRY, WINSTON<br>P.O. BOX 627<br>OLDE HOMOSASSA FL 34487 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D PRESIDENT | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SELL, SANDY<br>101 WEST MAIN STREET<br>INVERNESS FL 34450 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D SECRETARY<br>PAT FALCONE<br>11165 N. Blackfoot Point<br>DUNNELLON, FL. 34434 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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:** SIGNATURE REQUIRED Winston C. Perry 1/10/01 (352) 637-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #