

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90002 007 \*\*\*\*61.25

**DOCUMENT # N99000006556**

1. Entity Name

**SPCA OF MARION COUNTY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 771841  
 Ocala FL 34477

P.O. BOX 771841  
 Ocala FL 34477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3616029

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STAPLES, MARIE**  
 10710 S.W. 63RD AVENUE  
 Ocala FL 34476

Name

**WILLIAM J. ODENDAHL, JR., CPA**

Street Address (P.O. Box Number is Not Acceptable)

**2101 SW FIFTH AVENUE**

City

**OCALA**

**FL**

Zip Code

**34474-3633**

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

*William J. Odendahl*

**WILLIAM J. ODENDAHL, JR.**

8/21/00

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**  
**After September 13, 2000 min. will be \$236.25**

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 PD  Delete  
 NAME STAPLES, MARIE  
 STREET ADDRESS 10710 S.W. 63RD AVENUE  
 CITY-ST-ZIP Ocala FL 34476

TITLE PD  Change  Addition  
 NAME DR. ARNOLD STUDER  
 STREET ADDRESS 11109 SW 71ST CIRCLE  
 CITY-ST-ZIP Ocala, FL 34476-3901

TITLE VD  Delete  
 NAME ESCHENBACHER, JOYCE  
 STREET ADDRESS 10835 S.W. 63RD AVENUE  
 CITY-ST-ZIP Ocala FL 34476

TITLE VD  Change  Addition  
 NAME DR. THOMAS LANE, DVM, J  
 STREET ADDRESS 17200-SE-50TH AVENUE  
 CITY-ST-ZIP SUMMERFIELD, FL 32691

TITLE SD  Delete  
 NAME KARLIN, ADELE R  
 STREET ADDRESS 8653-E S.W. 96TH STREET  
 CITY-ST-ZIP Ocala FL 34481

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TD  Delete  
 NAME STORMANT, BARBARA K  
 STREET ADDRESS 16382 W. HWY 40  
 CITY-ST-ZIP Ocala FL 34481

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME GRZYB, TERESA L  
 STREET ADDRESS P.O. BOX 771052  
 CITY-ST-ZIP Ocala FL 34477

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME SYZMANSKI, JODI  
 STREET ADDRESS 9035-B S.W. 94TH STREET  
 CITY-ST-ZIP Ocala FL 34481

TITLE  Change  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:

*Signature of Signing Officer or Director*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-00 Date

352-861-0919 Daytime Phone #

CR2E037 (5/00)