

**2000 UNIFORM BUSINESS REPORT (UBR)**

S/I

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90167 048 \*\*\*\*61.25

**DOCUMENT # N99000006996**

1. Entity Name

**THE BREAKFAST CLUB OF OCALA, INC.**

Principal Place of Business

Mailing Address

**2297 S.E. LAUREL RUN DR.  
 OCALA FL 34471**

**2297 S.E. LAUREL RUN DR.  
 OCALA FL 34471**

2. Principal Place of Business

**580 SW 48 LANE**

Suite, Apt. #, etc.

3. Mailing Address

**580 SW 48 LANE**

Suite, Apt. #, etc.

City & State

**OCALA FLORIDA**

City & State

**OCALA FLORIDA**

4. FEJ Number

**59-3599643**

Applied For

Not Applicable

Zip

**34474**

Country

**USA**

Zip

**34474**

Country

**USA**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, BEVERLY A**

**2297 S.E. LAUREL RUN DR.  
 OCALA FL 34471**

7. Name and Address of New Registered Agent

Name **DAVID M. HARDEN**

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

**580 SW 48 LANE**

City

**OCALA FLORIDA**

FL

Zip Code

**34474**

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

*David M. Harden*

**DAVID M. HARDEN VICE PRES**

**4/26/2000**

Signature, typed or printed name of registered agent and see 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

*David M. Harden* **DAVID M. HARDEN V.P.**

Date

Daytime Phone #

**352-687-8500**

**Apr 26, 2000**