

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

UV/0594

DOCUMENT # N99000006996

1. Entity Name

THE BREAKFAST CLUB OF OCALA, INC.

04-26-2001 90144 027 ****61.25

Principal Place of Business

580 SW 48TH LANE
 OCALA FL 34474

Mailing Address

580 SW 48TH LANE
 OCALA FL 34474

2. Principal Place of Business

2801 SW College Rd.

3. Mailing Address

2801 SW College Rd.

(Suite, Apt. #, etc.)

c/o The Real Estate Ctr.

(Suite, Apt. #, etc.)

c/o The Real Estate Ctr.

City & State

Ocala Fl.

City & State

Ocala Fl.

Zip

34474

Country

USA

Zip

34474

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3599643

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, BEVERLY A
 580 SW 48 TH LANE
 OCALA FL 34474

7. Name and Address of New Registered Agent

Name Laura M. WRIGHT

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

c/o The Real Estate Center
 2801 SW College Rd. #25

City

Ocala

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

Laura M. Wright

Laura M. Wright

4/19/01

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	PD	<input type="checkbox"/> Delete
NAME	O'CONNOR, JOHN	
STREET ADDRESS	2635 SE 27TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARDEN, DAVID M	
STREET ADDRESS	580 SW 48TH LANE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTEL, ELLEN	
STREET ADDRESS	4181 SE 17TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	hola Gonzalez	
STREET ADDRESS	850 NE 36th Terrace Ste G	
CITY-ST-ZIP	Ocala Fl. 34470	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura M. WRIGHT	
STREET ADDRESS	2801 SW College Road	
CITY-ST-ZIP	Ocala Fl. 34474	
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: *Laura M. Wright* Laura M. WRIGHT 4/19/01 (352) 873-8733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)