

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90032 021 ****61.25

DOCUMENT # N99000006996

1. Entity Name

THE BREAKFAST CLUB OF OCALA, INC.

Principal Place of Business

Mailing Address

2801 SOUTHWEST COLLEGE ROAD
 C/O THE REAL ESTATE CENTER
 OCALA FL 34474

2801 SOUTHWEST COLLEGE ROAD
 C/O THE REAL ESTATE CENTER
 OCALA FL 34474

2. Principal Place of Business

3. Mailing Address

(add) #25

(add) #25

Suite, Apt. #, etc.

to address

Suite, Apt. #, etc.

to address

City & State

City & State

4. FEI Number

59-3599643

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

WRIGHT, LAURA
C/O THE REAL ESTATE CENTER
2801 SOUTHWEST COLLEGE ROAD #25
OCALA FL 34474

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]

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	PD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNOR, JOHN	
STREET ADDRESS	2635 SE 27TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARDEN, DAVID M	
STREET ADDRESS	580 SW 48TH LANE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARTEL, ELLEN	
STREET ADDRESS	4181 SE 17TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, LOLA	
STREET ADDRESS	850 NE 38TH TERRACE, SUITE G	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	T	<input type="checkbox"/> Delete
NAME	WRIGHT, LAURA	
STREET ADDRESS	2801 SOUTHWEST COLLEGE ROAD	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Allison	
STREET ADDRESS	906 SE 9th Ave	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Bibbs	
STREET ADDRESS	9640 SW 30th Terrace	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Harden	
STREET ADDRESS	580 SW 48th Lane	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Wright	
STREET ADDRESS	2801 SW College Rd #25	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duocla
 Treasurer / 1/20/02 (352) 873-8733
 /Date Daytime Phone #

CR2E037 (9/01)