

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90096 017 \*\*\*\*61.25

0092579

**DOCUMENT # N99000006996**

1. Entity Name  
**THE BREAKFAST CLUB OF OCALA, INC.**



Principal Place of Business Mailing Address  
**2801 SOUTHWEST COLLEGE ROAD #25** **2801 SOUTHWEST COLLEGE ROAD#25**  
**C/O THE REAL ESTATE CENTER** **C/O THE REAL ESTATE CENTER**  
**OCALA FL 34474** **OCALA FL 34474**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3599643** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, ALLISON	
STREET ADDRESS	906 SE 9TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BIBBS, MARIA	
STREET ADDRESS	9640 SW 30TH TERRACE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARDEN, DAVID	
STREET ADDRESS	580 SW 48TH LANE	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WRIGHT, LAURA	
STREET ADDRESS	2801 SW COLLEGE RD #25	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LAURA	
STREET ADDRESS	2801 SW College Rd. # 25	
CITY-ST-ZIP	Ocala Fl. 34474	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMPERS, KEVIN	
STREET ADDRESS	1071 East Oriole Court	
CITY-ST-ZIP	Hernando Fl. 34442	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Frazier	
STREET ADDRESS	1107 E. SilverSpr. Blvd, Ste 6	
CITY-ST-ZIP	Ocala Fl. 34470	
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		

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 Laura Wright*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/03** (352) 873-8733

CR2E037 (10/02)