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

## DOCUMENT # N9900006996

1. Entity Name

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

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

THE BRE	AKFAST CLUB OF OCALA, I	NC.						
Principal Place of Business 2801 SOUTHWEST COLLEGE ROAD #25 C/O THE REAL ESTATE CENTER OCALA FL 34474		Mailing Address  2801 SOUTHWEST COLLEGE ROAD#25 C/O THE REAL ESTATE CENTER OCALA FL 34474			!   <b>[60]</b>    <b>0</b>    <b>0</b>	IDERA NOVIN ODENI BORNE	1841 1841 8841 8841	Dania sana binkaba
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			×	CHECK HERE II	F MAKING CHA	NGES
City & Sta	ite	City & State			4. FEI Number	9-3599643		Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		5 Additional lequired
	6. Name and Address of Current	Registered Agent			-7. Name and Ad	dress of New Re	gistered Agent	
			Name					
WRIGHT, LAURA C/O THE REAL ESTATE CENTER			Street A	ddress (P.	O. Box Number is	Not Acceptable)		
2801 SO	UTHWEST COLLEGE ROAD #25							-
OCALA F	FL 34474		City				FL Zi	p Code
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or	registere	d agent, or both, ir	the State of Flori	ida. I am familia	r with, and accept
SIGNATURE	·							
	Commence and a substantial and	Law T P II AIGTE						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signatu	ure required w	hen reinstating)		DATE	
	FILE NOW: FEE IS \$61.25		npaign Financing		\$5.00 May Be Added to Fees		te Check Pay a Departmen	
10.		9. Election Carr Trust Fund C	npaign Financing		\$5.00 May Be	Florida	te Check Pay a Departmen	t of State DRS IN 10
	FILE NOW: FEE IS \$61.25  OFFICERS AND DEPT	9. Election Carr Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees DDITIONS/CHANG	Florida SES TO OFFICER	te Check Pay a Departmen	DRS IN 10
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12. Thereby 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:

4/10/03 (352)873-8733