

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90118 005 ****70.00

DOCUMENT # 702744

1. Entity Name

UNITED WAY OF MARION COUNTY, INC.



Principal Place of Business

1401 NE 2ND ST.
PO BOX 1086
OCALA FL 34478
US

Mailing Address

1401 NE 2ND ST.
PO BOX 1086
OCALA FL 34478
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0946642**

Applied For

Not Applicable

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

JAMES, TONI
1401 N.E. 2ND STREET
OCALA FL 34471

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **MUTARELLI, RICHARD**
STREET ADDRESS **1101 SW 1ST AVENUE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **SD** ☐ Change ☒ Addition
NAME **Jim Warford**
STREET ADDRESS **512 SE 3rd Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE **P** ☐ Delete
NAME **JAMES, TONI**
STREET ADDRESS **1401 NE 2ND STREET**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **TD** ☐ Change ☒ Addition
NAME **Tom Dewey**
STREET ADDRESS **3101 SW College RD., #205**
CITY-ST-ZIP **Ocala, FL 34474**

TITLE **SD** ☒ Delete
NAME **LITTLE, ROBERT**
STREET ADDRESS **1700 SE 17 STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **SCHNEIDER, JIM**
STREET ADDRESS **808 SW 17 STREET**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **KENT, JANET**
STREET ADDRESS **P.O BOX 6000**
CITY-ST-ZIP **OCALA FL 34478**

TITLE **PD** ☒ Change ☐ Addition
NAME **Kent**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **Wally Wagoner**
STREET ADDRESS **512 SE 3rd Street**
CITY-ST-ZIP **Ocala, FL 34471**

TITLE ☐ Change ☒ 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:

Toni James

3-5-03

352-732-9696

CR2E037 (10/02)