

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703225

1. Entity Name

MARION SADDLE CLUB, INC.

Principal Place of Business

207 N MAGNOLIA AVE  
P O BOX 2133  
OCALA FL 34478  
US

Mailing Address

207 N MAGNOLIA AVE  
P O BOX 2133  
OCALA FL 34478-2133  
US

2. Principal Place of Business

PO Box 2133

3. Mailing Address

PO Box 2133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-1767581

Applied For

Not Applicable

Zip

Country

34478-2133 US

Zip

Country

34478-2133 US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ECKHOUT, RANDY  
1931 TWIN BRIDGE CIRCLE  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name Debbie Trammell

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

10910 NW 115 Ave

City

Reddick

FL

Zip Code

32684

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

Debbie Trammell Debbie Trammell Treasurer

3/13/00

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  
NAME SHAWLEY, CINDY  
STREET ADDRESS 7537 NW HWY 316  
CITY-ST-ZIP FAIRFIELD FL 32634 ☐ Delete

TITLE TD  
NAME ECKHOUT, RANDY  
STREET ADDRESS 1931 TWIN BRIDGE CIRCLE  
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE SD  
NAME ROWLEY, LAURA  
STREET ADDRESS ROUTE 1, BOX 254  
CITY-ST-ZIP MORRISTON FL 32668 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE TD  
NAME Debbie Trammell  
STREET ADDRESS 10910 NW 115 Ave  
CITY-ST-ZIP Reddick, FL 32684 ☐ Change ☒ Addition

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

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

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

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:

Debbie Trammell

3/13/00

352 732-8883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)