

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707947

1. Entity Name

OCALA WILDCAT BOOSTERS CLUB, INC.

Principal Place of Business

1243 SE 22ND AVE  
OCALA FL 34471

Mailing Address

1243 SE 22ND AVE  
OCALA FL 34471

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 23-7030707

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

YOUNG, DAVID A., JR.  
1243 SE 22ND AVE  
OCALA FL 34471

## 7. Name and Address of New Registered Agent

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, 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 VPD  
NAME BATSCH, JOHN  
STREET ADDRESS 3220 SE 18TH AVE.  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE PD  
NAME YOUNG, DAVID A., JR.  
STREET ADDRESS 1243 S.E. 22ND AVE.  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE SD  
NAME EDDY, ANN  
STREET ADDRESS 2339 SE 11TH ST.  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE TD  
NAME BALLARD, LINDA  
STREET ADDRESS 2917 SE 27TH AVE.  
CITY-ST-ZIP Ocala FL ☐ 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  
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

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: *David A. Young, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (351)622-8532  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)