

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90080 030 \*\*\*\*61.25

**DOCUMENT # 715616**

1. Entity Name

**ECONOMIC DEVELOPMENT COUNCIL, INC.**

Principal Place of Business

1515 E. SILVER SPRINGS BLVD  
 SUITE 201  
 OCALA FL 34470  
 US

Mailing Address

P.O. BOX 459  
 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

**59-1095184**

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

**TESCH, PETE**  
**1515 E. SILVER SPRINGS BLVD**  
**SUITE 201**  
**OCALA FL 34470**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
 NAME **WAGONER, WALLY**  
 STREET ADDRESS **1515 E SILVER SPRINGS BLVD STE. 201**  
 CITY-ST-ZIP **OCALA FL 34470**

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

TITLE **T** ☐ Delete  
 NAME **MAHAN, STEVE**  
 STREET ADDRESS **1515 E. SILVER SPRINGS BLVD. STE. 201**  
 CITY-ST-ZIP **OCALA FL 34470**

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

TITLE **C** ☒ Delete  
 NAME **WHITTAKER, SANDRA**  
 STREET ADDRESS **1515 E. SILVER SPRINGS BLVD. STE. 201**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☐ Change ☒ Addition  
 NAME **RON EWERS**  
 STREET ADDRESS **1515 E. SILVER SPRINGS BLVD. STE. 201**  
 CITY-ST-ZIP **OCALA, FL 34470**

TITLE **C** ☐ Delete  
 NAME **DASSANICE, CHICK**  
 STREET ADDRESS **1515 E SILVER SPGS BLVD STE 201**  
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ Change ☐ Addition  
 NAME **DASSANCE, CHICK**  
 STREET ADDRESS **1515 E. SILVER SPRINGS BLVD. STE. 201**  
 CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Delete  
 NAME **EHLERS, HANK**  
 STREET ADDRESS **1515 E. SILVER SPRINGS BLVD STE. 201**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **C** ☒ Change ☐ Addition  
 NAME **EHLERS, HANK**  
 STREET ADDRESS **1515 E. SILVER SPRINGS BLVD. STE. 201**  
 CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☒ Delete  
 NAME **TUTT, JANET**  
 STREET ADDRESS **1515 E. SILVER SPRINGS BLVD., STE. 201**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☐ Change ☒ Addition  
 NAME **SUSAN ROBERTS**  
 STREET ADDRESS **1515 E. SILVER SPRINGS BLVD. STE. 201**  
 CITY-ST-ZIP **OCALA, FL 34470**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 02/16/01 352-629-2757

CR2E037 (10/00)