2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State
08-13-2001 90003 036 ****61.25

DOCUMENT # 719975

1. Entity Name

THE MARION DETACHMENT OF THE MARINE CORPS LEAGUE

Principal Place of Business	Mailing Address
2529 NW MAGNOLIA PO BOX 3715 OCALA FLA 32678	2529 NW MAGNOLIA PO BOX 3715 OCALA FLA 32678

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
823 N.W. 26TH ST.	P.O. Box 3715
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State: OCALA, FL
Zip: 34475 Country: U.S.A.	Zip: 34478-3715 Country: U.S.A.

4. FEI Number 59-6190734 ☐ 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
RANEW, THOMAS C JR 7 EAST SILVER SPRINGS BLVD SUITE 201 OCALA FL 32670	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 HAROLD C. SARGENT ADJ/PAYMASTER Harold C. Sargent DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP GUNN, JAMES 3922 E. SILVER SPRINGS BLVD., #4 OCALA FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP GAGNON, JAMES T. 1820 N.E. 50TH AVE OCALA, FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCP GAGNON, JAMES 1820 N.E. 50TH AVENUE OCALA FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCP WILLIAMS, DONALD L. 1821 N.E. 50TH AVE OCALA, FL 34470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSVP ORNES, ED P.O. BOX 72 SPARR FL 32192-0072	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSVP SARGENT, HAROLD C. 1798 S.W. 140TH AVE. OCALA, FL 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/01)

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: Harold C. Sargent ELECTRONIC HAROLD C SARGENT ADJ/PAYMASTER 8/6/01 (352) 867-5466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #