

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726182

1. Entity Name

SOUTHEAST MARION STATION 29 AUXILIARY, INC.

Principal Place of Business

Mailing Address

24798 SE HWY 42
UMATILLA FL 32784
US

24798 SE HWY 42
UMATILLA FL 32784
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

59-2855162

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

FREY, CARL
16895 S.E. 272 CT.
UMATILLA FL 32784

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 HALLGREN, BRUCE
STREET ADDRESS 16900 SE 272 CT
CITY-ST-ZIP UMATILLA FL 32784

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

TITLE PD ☐ Delete
NAME PETERS, AMY
STREET ADDRESS P.O. BOX 366
CITY-ST-ZIP ALTOONA FL 32702

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

TITLE TD ☐ Delete
NAME FREY, CARL
STREET ADDRESS SE 272 CT.
CITY-ST-ZIP UMATILLA FL 32784

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

TITLE SD ☐ Delete
NAME COOKE, DELORES
STREET ADDRESS 24415 W. HWY 450
CITY-ST-ZIP UMATILLA FL 32784

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

TITLE VD ☐ Delete
NAME BILZ, DEBI
STREET ADDRESS 11930 TAGS TRAIL
CITY-ST-ZIP UMATILLA FL 32784

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

TITLE D ☐ Delete
NAME DRIVER, JIM
STREET ADDRESS 16840 SE 248 TERRACE
CITY-ST-ZIP UMATILLA FL 32784

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90010 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

352-669-3404

24 January 2002