# 2002 UNIFORM BUSINESS REPORT (UBR)

#### **FILED** Mar 07, 2002 8:00 am Secretary of State **DOCUMENT # 727370** 1. Entity Name MARION COUNTY SENIOR SERVICES, INC. 03-07-2002 90031 044 \*\*\*\*70.00 Mailing Address Principal Place of Business 1644 N.E. 22ND AVENUE 1644 N.E. 22ND AVENUE OCALA FL 34470 OCALA FL 34470 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 23-7362750 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Dane Griffin Street Address (P.O. Box Number is Not Acceptable). 901 E. Silver Springs Blvd CUNNINGHAM, JUANITA 1904 N.W. 14 ST. 34470 0cala OCALA FL 34476 Zip Code City 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. Dane Griffin, Chairman of the Board 2/11/02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition X Change TITLE Delete TITEF CUNNINGHAM, JUANITA NAME NAME Dane Griffin 1904 N.W. 14 STREET STREET ADDRESS 901 E. Silver Springs Blvd. Ocala, FL 34470 STREET ADDRESS CITY-ST-ZIP OCALA FL 34475 CITY-ST-ZIP ☐ Addition VCD ☐ Delete TITLE Change TITLE GOFORTH, HAROLD NAME NAME 2114 S.E. 14 LANE 🗓 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34471** FD ☐ Change ☐ Addition TITLE ☐ Delete CROSS, GAIL NAME NAME: \*\*\*-6696 S W 17TH TERRACE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34476 ☐ Change ☐ Addition STD TITLE ☐ Delete TITLE CLARK, PAUL NAME NAME STREET ADDRESS 131 SW 15 ST STREET ADDRESS CITY-ST-7IP OCALA FL 34474 CITY-ST-ZIP Change Addition ED ☐ Delete TITLE TITI F CROSS, GAIL NAME NAME 6696 S.W. 17 TERRANCE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34474 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE CLARK, PAUL NAME NAME STREET ADDRESS | 131 SW 15 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 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.

ϤE@GaïT€Cross, Executive Director 2/11/02 629-8661

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# MARION COUNTY SENIOR SERVICES

Effective January, 2002

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#### CHAIRMAN:

#### Dane Griffin

901 E. Silver Spgs Blvd. Ocala, Fl 34470

Phone: 732-7105 (B)

FAX: 732-9705

#### VICE CHAIRMAN:

#### Harold Goforth

2114 S. E. 14 Lane Ocala, FL 34471

Phone: 732-4044 (H)

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# SECRETARY/TREASURER:

#### Paul Clark

Munroe Regional Medical Center P.O. Box 6000

Ocala, FL 34478

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# Cathy Ackerman

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#### Biddie Kirk

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#### Robert Mathews, Jr.

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# Margaret Palmer AMSOUTH BANK

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Combined Insurance Service

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#### Margaret Thomas

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#### Bernard Watts

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