

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**  
 02-21-2001 90015 045 \*\*\*\*61.25

**DOCUMENT # 735901**

1. Entity Name

**MARION GRANGE NO. 207, INC.**

Principal Place of Business

**ROBERT LAW  
 5920 S.E. STETSON ROAD  
 BELLEVUE FL 34420  
 US**

Mailing Address

**11680 SE 84 AVE  
 BELLEVUE FL 34420  
 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

**23-7328391**

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

**LAW, ROBERT  
 11680 SE 84 AVE  
 BELLEVUE FL 34420**

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

TITILE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 DESELLEMS, FLORENCE  
 1981 S.E. 172ND AVE  
 SILVER SPRINGS FL**

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

TITILE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 COLE, LUCY  
 11265 S.E. 121ST LANE ROAD  
 BELLEVUE FL**

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

TITILE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S  
 LAW, ROBERT  
 11680 SE 84 AVE  
 BELLEVUE FL**

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

TITILE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 COLE, DORIS  
 10210 SW 441 HIGHWAY  
 BELLEVUE FL 34420**

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

TITILE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITILE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITILE ☐ 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: Robert Law** **2-14-01** **352-245-8289**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)