

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741841

1. Entity Name

THE PACESETTERS' CLUB, INC.

Principal Place of Business

1765 S.W. 5TH ST.  
OCALA FL 32674

Mailing Address

1765 S.W. 5TH ST.  
OCALA FL 32674

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GARVIN, RUBY L  
1765 S.W. 5TH ST.  
OCALA FL 34474

7. Name and Address of New Registered Agent

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

*Ruby Garvin Treasurer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/28/00

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAILE, ANN P	
STREET ADDRESS	P.O. BOX 367 N/A	
CITY-ST-ZIP	SILVER SPRINGS FL 34489	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LORETTA	
STREET ADDRESS	12401 N.W. HWY 326	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	S	<input type="checkbox"/> Delete
NAME	JENKINS, LORETTA	
STREET ADDRESS	2200 NW 24TH ROAD	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARVIN, RUBY	
STREET ADDRESS	1765 S.W. 5TH STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reed, Ruth	
STREET ADDRESS	1604 N.W. 18th Court	
CITY-ST-ZIP	Ocala, Florida 34475	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevenson, Ernestine	
STREET ADDRESS	333 N.W. 46th Avenue	
CITY-ST-ZIP	Ocala, Florida 34475	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Ruby Garvin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00

Date

Daytime Phone #

FILED  
Aug 30, 2000 8:00 am  
Secretary of State

02-25-2000 90010 011 \*\*\*\*61.25

08-30-2000 90002 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

CR2E037 (5/00)