

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748809

1. Entity Name

OCALA-MARION COUNTY RIGHT TO LIFE, INC.

Principal Place of Business

2000 NE 51 PLACE  
OCALA FL 34479  
US

Mailing Address

P O BOX 4993  
OCALA FL 34478  
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 59-2882267

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

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

TITLE PD  
NAME MARTIN, REV. E  
STREET ADDRESS 2000 NE 51 PLACE  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE TD  
NAME ROBINSON G. MICHAEL  
STREET ADDRESS 8713 NW 181 PL  
CITY-ST-ZIP REDDICK FL ☐ Delete

TITLE S  
NAME CATES, ELOISE  
STREET ADDRESS 1532 NE 17 COURT  
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE DV  
NAME STEINER, LOIS  
STREET ADDRESS 8690 SW 108 PLACE  
CITY-ST-ZIP Ocala FL 34481 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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:

*G. Michael Robinson* REG. Michael Robinson

1-11-01

352-591-4718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0079061

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90109 029 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE