

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748809

FILED  
Apr 20, 2002 8:00 AM  
Secretary of State

**Entity Name:** OCALA-MARION COUNTY RIGHT TO LIFE, INC.

**Current Principal Place of Business:**

2000 NE 51 PLACE  
OCALA, FL 34479 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4993  
OCALA, FL 34478 US

**New Mailing Address:**

**FEI Number:** 59-2882267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, G. M  
8713 NW 181 PLACE  
REDDICK, FL 32686 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTIN, REV. E  
Address: 2000 NE 51 PLACE  
City-St-Zip: OCALA, FL

Title: TD ( ) Delete  
Name: ROBINSON G. MICHAEL,  
Address: 8713 NW 181 PL  
City-St-Zip: REDDICK, FL

Title: S ( ) Delete  
Name: CATES, ELOISE  
Address: 1532 NE 17 COURT  
City-St-Zip: OCALA, FL

Title: DV ( ) Delete  
Name: STEINER, LOIS  
Address: 8690 SW 108 PLACE  
City-St-Zip: OCALA, FL 34481

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MARTIN, ED REV  
Address: 2000 NE 51 PLACE  
City-St-Zip: OCALA, FL

Title: TD (X) Change ( ) Addition  
Name: ROBINSON, GLEN M  
Address: 8713 NW 181 PL  
City-St-Zip: REDDICK, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN M ROBINSON

TD

04/20/2002

Electronic Signature of Signing Officer or Director

Date