

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752171

1. Entity Name

OCALA EARLY RISER'S CIVITAN CLUB, INC.

Principal Place of Business

Mailing Address

4500 N. BLITCHTON
STE 207
OCALA FL 34482
US

4500 N W BLITCHTON RD
STE 207
OCALA FL 34482-4250
US

2. Principal Place of Business

4500 NW BLITCHTON RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0216916

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

SAILOR, JEFFREY L.
2245 S.E. 12TH ST
OCALA FL 34471

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

TITLE D ☐ Delete
NAME RUSHLOW, KATHIE
STREET ADDRESS 627 NE 45 COURT
CITY-ST-ZIP Ocala FL

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

TITLE V ☐ Delete
NAME GALLIMORE, JAMES E
STREET ADDRESS 924 NE 42ND TERR
CITY-ST-ZIP Ocala FL

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

TITLE S ☐ Delete
NAME BOYER, DARLENE A
STREET ADDRESS 3349 NE 28TH AVE
CITY-ST-ZIP Ocala FL

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

TITLE D ☐ Delete
NAME SAILOR, JEFF
STREET ADDRESS P.O. BOX 759 NA
CITY-ST-ZIP Ocala FL

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

TITLE D ☐ Delete
NAME MICHAEL, KRISTIN C
STREET ADDRESS 4001 SE 46TH ST
CITY-ST-ZIP Ocala FL

TITLE ☒ Change ☐ Addition
NAME CRAWFORD, KRISTIN
STREET ADDRESS 3515 SE 41 PLACE
CITY-ST-ZIP Ocala FL 34480

TITLE D ☐ Delete
NAME BARNETT, MICHAEL D
STREET ADDRESS 600 SE 35TH ST
CITY-ST-ZIP Ocala FL

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:

Michael D Barnett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90001 011 ****61.25

60006740



DO NOT WRITE IN THIS SPACE

1-18-00 (352)694-2150