

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90121 022 \*\*\*\*61.25

DOCUMENT # **752577**

1. Entity Name

**MARION COUNTY 4-H FOUNDATION, INC.**



Principal Place of Business

**2232 N.E. JACKSONVILLE RD.  
OCALA FL 32670**

Mailing Address

**2232 N.E. JACKSONVILLE RD.  
OCALA FL 32670**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2356724**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**RENNER, ROBERT L., JR.  
2232 N.E. JACKSONVILLE RD.  
OCALA FL 32670**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Robert L. Renner*  
**1-21-2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DAILEY, TODD</b>	
STREET ADDRESS	<b>1420 SE 10TH AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>UPTON, STEVE</b>	
STREET ADDRESS	<b>3120 NE 95TH STREET</b>	
CITY-ST-ZIP	<b>ANTHONY FL 32617</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CROUCH, NEVA</b>	
STREET ADDRESS	<b>4465 NE 3RD CT.</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MARZELLA, ROSE</b>	
STREET ADDRESS	<b>733 N. MAGNOLIA AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL 34475</b>	
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	<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	
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 I am empowered.

SIGNATURE:

*Robert L. Renner*

**1-21-2003**

CR2E037 (10/02)