2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **754391** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State VOLUNTEER SERVICE BUREAU OF MARION COUNTY, INC.** 01-27-2000 90096 011 ****61.25 Principal Place of Business Mailing Address 520 S.E. FT. KING ST. STE C-1 520 S.E. FT. KING ST. STE C-1 OCALA FL 34471 OCALA FL 34471-2274 2. Principal Place of Business 3. Mailing Address Street 610 SN 610 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2045089 Not Applicable <u>Ocala</u> Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired นธ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name (sane) Street Address (P.O. Box Number is Not Acceptable MARSHALL, CINDY 520 SE FT KING ST SUITE C OCALA FL 34471 Ocala, 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 1191311 VD ÷ , , , , TITLE TO Change ☐ Addition ☐ Delete TITLE P/D CARNEY, DEBBIE NAME NAME jarney, Debbie STREET ADDRESS STREET ADDRESS 11 SW 17TH STREET 115W CITY-ST-ZIP CITY-ST-ZIP Ocala FL OCALA FL ☐ Addition V/OTITLE Delete TITLE Change Vancy Dittsworth 3100 500 COLLEGE Rd NAME SIMMONS, Y. JOE J. NAME STREET ADDRESS STREET ADDRESS 125 NE 1ST AVE CITY-ST-ZIP OCALA, F 4 34474 CITY-ST-ZIP OCALA FL TITLE ☐ Delete TITLE Change ☐ Addition Cindy Marshall 610 SW 13th St. MARSHALL, CINDY-NAME -NAME STREET ADDRESS STREET ADDRESS 520 SE FT KING ST, #C CITY-ST-ZIP CITY-ST-ZIF Ocala. OCALA FL 34471 PD ☐ Delete TITLE 2 Change ☐ Addition Rusty Branson 1607 SE 134 St NAME BRANSON, RUSTY NAME STREET ADDRESS STREET ADDRESS 406 E SILVER SPRINGS BLVD CITY-ST-ZIP CITY-ST-ZIP OCALA FL OCALA, FL Addition TD 📆 🥫 Delete TITLE Change TIT! F ROBERTS, FRANK NAME NAME David Lossing STREET ADDRESS STREET ADDRESS 1745 NE 13TH ST + KING 2119 J.E. F CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 Delete TITLE Change 🔀 Addition TITLE NAME WEAVER, DR. TOM NAME Ken Kirkpatrick 2516 SW 27 4 Ave STREET ADDRESS STREET ADDRESS 3001 SW COLLEGE RD CITY-ST-ZIP CITY-ST-7IP OCALA FL OCALA, FL 34475 12. I hereby certify that the information supplied with this filling 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

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