

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90063 006 \*\*\*\*61.25

0078894

**DOCUMENT # 755581**

1. Entity Name

**HISTORIC OCALA PRESERVATION SOCIETY, INC.**

Principal Place of Business

3901 SE 24TH ST  
 OCALA FL 34471  
 US

Mailing Address

P O BOX 3123  
 PO BOX 3123  
 OCALA FL 34478  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2062769**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAFFORD, PAMELA  
 7220 SW 19TH AVE.  
 OCALA FL 34476**

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	<input type="checkbox"/> Delete
NAME	THOMAS, SUZANNE	
STREET ADDRESS	706 SE 9TH ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAFFORD, PAM	
STREET ADDRESS	7220 SW 19TH AVE.	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLMOT, D. B	
STREET ADDRESS	3901 SE 24TH ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRIPPEN, ELSIE	
STREET ADDRESS	4522 NE 4TH ST	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLTERS, JOHN	
STREET ADDRESS	805 S.E. FORT KING	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, MARY	
STREET ADDRESS	1005 SE 9TH AVE	
CITY-ST-ZIP	OCALA FL 34471	

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	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Carl Supplee	
CITY-ST-ZIP	208 SE 11th Avenue Ocala, Florida 34471	
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 like empowered.

SIGNATURE: *Suzanne Thomas* **REQUIRED Treasurer** 1/8/01 (352) 351-1861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)