

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761518

1. Entity Name:

OCALA CHAPTER OF THE SOCIETY FOR THE PRESERVATIO

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90356 047 ****61.25

C0005254



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O JOHN F. MCGOFF, JR.
P.O. BOX 1991
BELLEVUE FL 34421

Mailing Address
C/O JOHN F. MCGOFF, JR.
P.O. BOX 1991
BELLEVUE FL 34421-1991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-0805344

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCGOFF, JR., JOHN F
12550 SE 54 AVE
BELLEVUE FL 34420

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD SPANG, JOHN T
537 SE 19TH ST.
OCALA FL 34471-5326 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT MELLOR, ALAN
5032 NW 18TH ST.
OCALA FL 34482-8595 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT MUSELLA, PETER
9115 SW 102 PL.
OCALA, FL - 34481-8947 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD JACQUES, SAYEGH
10851 SW 69 CIR.
OCALA FL 34476 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST NUCKLES SR., LAWRENCE
12151 SE 61 ST CT.
BELLEVUE FL 34420-5280 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST MCGOFF, JR, JOHN F.
12550 SE 54 AVE.
BELLEVUE FL 34420 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T MCGOFF, JR., JOHN F
12550 SE 54 AVE
BELLEVUE FL 34420 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

352-307-7382

Date

Daytime Phone #

CR2E037 (9/99)