

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90229 017 \*\*\*\*61.25

**DOCUMENT # 761518**

1. Entity Name

**OCALA CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF BARBERSHOP QUARTET SINGING**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**93-0805344**

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

**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 PD  
NAME GILJOHANN, ROBERT ☒ Delete  
STREET ADDRESS 8978 A SW 95 LN  
CITY-ST-ZIP Ocala FL 34481

TITLE PD  
NAME RAYMOND, JOHN ☐ Change ☒ Addition  
STREET ADDRESS 12500 SW 8th AVE.  
CITY-ST-ZIP Ocala, FL 34473

TITLE PVT  
NAME SPANG, JOHN T ☒ Delete  
STREET ADDRESS 537 SE 19TH ST  
CITY-ST-ZIP Ocala FL 34471-5326

TITLE PVT  
NAME SHAERER, JOHN ☐ Change ☒ Addition  
STREET ADDRESS 8785 SW 91st ST  
CITY-ST-ZIP Ocala, FL 34481

TITLE VPD  
NAME MUSELLA, PETER ☒ Delete  
STREET ADDRESS 9115 SW 102 ST  
CITY-ST-ZIP Ocala FL 34481

TITLE VPD  
NAME LAZARICK, THOMAS ☐ Change ☒ Addition  
STREET ADDRESS 8900 SW 101st AVE  
CITY-ST-ZIP Ocala, FL 34481

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

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

TITLE ST  
NAME WLECH, THOMAS JR ☒ Delete  
STREET ADDRESS 10083 SW 182ND CIR  
CITY-ST-ZIP DUNNELLON FL 34432-4429

TITLE ST  
NAME BELLIS, JACK ☐ Change ☒ Addition  
STREET ADDRESS 6751 SW 117th ST  
CITY-ST-ZIP Ocala, FL 34476

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02 352-598-5990

CR2E037 (9/01)