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

FILED
Apr 08, 2003 8:00 am
Secretary of State
04-08-2003 90101 029 ****61.25

DOCUMENT # 761518

1. Entity Name

OCALA CHAPTER OF THE SOCIETY FOR THE PRESERVATIO N AND ENCOURAGEMENT OF BARBERSHOP QUARTET SINGIN

Principal Place of Business	Mailing Address
~~C/O JOHN F. MCGOFF, JR.~~ ~~P.O. BOX 1991~~ ~~BELLEVIEW FL 34421~~ 7171 SW St Road 200 Ocala, Fl 34474	~~C/O JOHN F. MCGOFF, JR.~~ C/o Joel R Swanson ~~P.O. BOX 1991~~ ~~BELLEVIEW FL 34421~~ 5540 SW 61st Ln Ocala Fl 34474

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7171 SW State Road 200	C/o Joel R Swanson
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5540 SW 61st Lane
City & State Ocala FL	City & State Ocala Fl
Zip 34474 Country USA	Zip 34474 Country USA

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~~ ~~BELLEVIEW FL 34420~~	Name Joel R. Swanson Street Address (P.O. Box Number is Not Acceptable) 5540 SW 61st Lane City Ocala FL Zip Code 34474

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 Joel R Swanson 4-7-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAYMOND, JOHN 12500 SW 8TH AVENUE OCALA FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Joel R Swanson 5540 SW 61st Ln Ocala Fl 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVT SHAERER, JOHN 8785 SW 91ST STREET OCALA FL 34481	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Music Doug Ensley 9195 SW 96th Court Rd Ocala Fl 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LAZARICK, THOMAS 8900SW 101ST LANE OCALA FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Chapter Development George King 8045 SW 108th ST Ocala Fl 34481	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCGOFF, JR., JOHN F 12550 SE 54 AVE BELLEVIEW FL 34420	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BELLIS, JACK 6754 SW 117TH STREET OCALA FL 34476	☐ 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

CR2E037 (10/02)

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: Joel R Swanson REQUIRED 4-7-03 352-237-8076