

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90561 038 ****61.25

DOCUMENT # 765608

1. Entity Name

OKALOOSA REGIONAL BOOKMOBILE IN TRANSIT, INC.

CR

Principal Place of Business

2367 HILL DR
 CRESTVIEW FL 32536

Mailing Address

1250 N. EGLIN PKWY
 BOX 20
 SHALIMAR FL 32579
 US

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

59-2231474

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

**GEBAUER, MARGARET S
 5946 BUCKWARD RD
 BAKER FL 32531**

Name

Deborah Marrs

Street Address (P.O. Box Number is Not Acceptable)

1250 N. EGLIN PKW Suite C112

City

Shalimar

FL

Zip Code

32579

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

Deborah Marrs

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-6-01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 **VD** ☒ Delete
 NAME **PETERSON, GLENNON C**
 STREET ADDRESS **640 W. SUNSET BLVD**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

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

TITLE **PD** ☐ Delete
 NAME **CONNORS, JOHN S**
 STREET ADDRESS **70 LINWOOD RD**
 CITY-ST-ZIP **FT WALTON BEACH FL 32547-1617**

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

TITLE **D** ☒ Delete
 NAME **GEBAUER, MARGARET S.**
 STREET ADDRESS **5946 BUCKWARD RD**
 CITY-ST-ZIP **BAKER FL 32531**

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

TITLE **D** ☒ Delete
 NAME **ALLEN, SAMUEL A**
 STREET ADDRESS **649 S MCCLELLAND ST**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

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

TITLE **TD** ☐ Delete
 NAME **MARRS, DEBORAH**
 STREET ADDRESS **4 ISLAND VIEW DR**
 CITY-ST-ZIP **MARY ESTHER FL 32569**

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

TITLE **SD** ☐ Delete
 NAME **RASMUSSEN, CAROLYN**
 STREET ADDRESS **5377 FOX HOUND LN**
 CITY-ST-ZIP **BAKER FL 32531**

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:

Deborah Marrs

July 7 2001

CR2E037 (5/01)