

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767762

1. Entity Name

MARION OAKS VOLUNTEER EYES, INCORPORATED

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90139 049 ****61.25

Principal Place of Business: 294 MARION OAKS LANE
OCALA FL 34473
US

Mailing Address: 294 MARION OAKS LANE
OCALA FL 34473-2812
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
59-2348068

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

WALT, BERNARD
4694 SW 133RD LANE
OCALA FL 34473

Name: BARNES BILLIE
Street Address (P.O. Box Number is Not Acceptable):
15606 SW 27 AVE RD
City: Ocala FL Zip Code: 34473

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: Billie Barnes

4-24-2000

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: S
NAME: VELEBIR EMILY
STREET ADDRESS: 13985 SW 42ND AVE
CITY-ST-ZIP: Ocala FL 34473 ☐ Delete

TITLE: PRES
NAME: BARNES BILLIE
STREET ADDRESS: 15606 SW 27 AVE RD
CITY-ST-ZIP: Ocala FL 34473 ☒ Change ☐ Addition

TITLE: D
NAME: BIRCH ARTHUR
STREET ADDRESS: 3616 SW 147 PLACE
CITY-ST-ZIP: Ocala FL 34473 ☐ Delete

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

TITLE: T
NAME: WINTER, THERESA
STREET ADDRESS: 3359 SW 137 LOOP
CITY-ST-ZIP: Ocala FL 34473 ☒ Delete

TITLE:
NAME: JAMES V. MAHON
STREET ADDRESS: 15143 SW 38th Circle
CITY-ST-ZIP: Ocala FL 34473-5907 ☐ Change ☐ Addition

TITLE: D
NAME: PANTALEO ALICE
STREET ADDRESS: 262 MARION OAKS COURSE
CITY-ST-ZIP: Ocala FL 34473 ☐ Delete

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

TITLE: D
NAME: BARNES, WILLIAM BILLIE
STREET ADDRESS: 15606 SW 27 AVE RD
CITY-ST-ZIP: Ocala FL 34473 ☒ Delete

TITLE:
NAME: BARNES, WILLIE
STREET ADDRESS: 15606 SW 27 AVE RD
CITY-ST-ZIP: Ocala FL 34473 ☐ 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: JAMES V. MAHON 4/26/00 357-347-5303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)