

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90140 045 ****61.25

0078770

DOCUMENT # 767762

1. Entity Name

MARION OAKS VOLUNTEER EYES, INCORPORATED

Principal Place of Business

**294 MARION OAKS LANE
OCALA FL 34473
US**

Mailing Address

**294 MARION OAKS LANE
OCALA FL 34473
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

59-2348068

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

**BARNES, BILLIE
15606 SW 27 AVE RD
OCALA FL 34473**

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 **S** ☒ Delete
NAME **VELEBIR EMILY**
STREET ADDRESS **13985 SW 42ND AVE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **SUE BIRCH V.P.** ☐ Change ☒ Addition
NAME **3616 SW 147 PLACE**
STREET ADDRESS **OCALA FL 34473**
CITY-ST-ZIP

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

TITLE **S** ☐ Change ☒ Addition
NAME **BEVERLY FORD**
STREET ADDRESS **16850 S.W. 44 Circle**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **T** ☐ Delete
NAME **MAHON, JAMES-V**
STREET ADDRESS **15143 SW 38TH CIRCLE**
CITY-ST-ZIP **OCALA FL 34473-5907**

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

TITLE **D** ☒ Delete
NAME **PANTALEO ALICE**
STREET ADDRESS **262 MARION OAKS COURSE**
CITY-ST-ZIP **OCALA FL 34473**

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

TITLE **D** ☐ Delete
NAME **BARNES, WILLIE**
STREET ADDRESS **15606 SW 27 AVE RD**
CITY-ST-ZIP **OCALA FL 34473**

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

TITLE **P** ☐ Delete
NAME **BARNES, BILLIE**
STREET ADDRESS **15606 SW 27 AVE RD**
CITY-ST-ZIP **OCALA FL 34473**

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: James Mahon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01 352-347-5303

CR2E037 (10/00)