

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90148 033 \*\*\*\*\*61.25

**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

**BIRCH, SUE  
3616 SW 149TH PL  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD BIRCH, SUE**  
STREET ADDRESS **3616 SW 147TH PLACE**  
CITY-ST-ZIP **OCALA FL 34473**

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **TREASURER BERNARD WALT**  
STREET ADDRESS **469 SW 133 LANE**  
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☐ Delete  
NAME **S FORD, BEVERLY**  
STREET ADDRESS **16850 SW 44TH CIRCLE**  
CITY-ST-ZIP **OCALA FL 34473**

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

TITLE ☒ Delete  
NAME **TSD MAHON, MARIE**  
STREET ADDRESS **15143 SW 38TH CIR**  
CITY-ST-ZIP **OCALA FL 34473-5907**

TITLE ☒ Change ☐ Addition  
NAME **TOR SECRETARY HELEN BLANTON**  
STREET ADDRESS **3400 SW 153 RD**  
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☒ Delete  
NAME **VPD MOFFITT, ROBERT**  
STREET ADDRESS **423 MARION OAKS DR**  
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☒ Change ☐ Addition  
NAME **VPD CHARLES S. SMITH**  
STREET ADDRESS **4310 SW 148 PL**  
CITY-ST-ZIP **OCALA FL 34473**

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: **BERNARD WALT** 01-28-03 (352)347-3631

CR2E037 (10/02)