

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90026 007 ***150.00

0548203

DOCUMENT # L59961

1. Entity Name
MARION COUNTY OLD TYME, INC.

Principal Place of Business
**5931 SE HAMES RD
 BELLEVUE FL 34420
 US**

Mailing Address
**6055 SE 122 LN
 BELLEVUE FL 34420
 US**

00032494



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6055 SE 122 LANE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
BELLEVUE FL

City & State
 Suite, Apt. #, etc.

Zip
34420

Country
US

4. FEI Number **59-2934649**

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

**SHAFFER, PATTY R.
 6055 SE 122 LN
 BELLEVUE FL 34920**

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 **PATTY R SHAFFER** *Patty R Shaffer* **4-4-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAFFER, PATTY R. 5931 S.E. HAMES RD BELLEVUE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHAFFER, PATTY R. 5931 SE HAMES RD BELLEVUE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patty R Shaffer* **PATTY R SHAFFER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-01 **245-9310**
 Date Daytime Phone #

CR2E034 (10/00)