2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90062 012 ****70.00

DOCUMENT # N00000000303

1. Entity Name

MARION COUNTY MASTER GARDENERS, INC.

Principal Place of Business	Mailing Address
2232 NE JACKSONVILLE RD. OCALA FL 34470	2232 NE JACKSONVILLE RD. OCALA FL 34470

DO NOT WRITE IN THIS SPACE

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 59-3617127 ☐ 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
BUTTERFIELD, ESTHER 2232 NE JACKSONVILLE RD. OCALA FL 34470	Name HANK WEGLARZ Street Address (P.O. Box Number is Not Acceptable) 3640 SE 22ND AVE. City OCALA, FL **FL** Zip Code 34471-6148

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 X Hank Weglarz 2/12/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUTTERFIELD, ESTHER 7368 NW 14TH ST. OCALA FL 34482-8225	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WRIGHT, PETER 10450 SE 55TH AVE. BELLEVIEW, FL 34420	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WEGLARZ, HANK 3640 SE 22ND AVE. OCALA FL 34471-6148	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEGLARZ, HANK 3640 SE 22ND AVE OCALA, FL 34471-6148	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASSIVERA, SUSAN M 2250 NE 70TH ST. OCALA FL 34479-1414	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCAFEE, NELSON 17919 SE 105TH TERRACE SUMMERFIELD, FL 34491	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOURAINE, KARL 8285 SW 107TH LANE OCALA FL 34481-9104	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UPSHAW, JOHN 5503 SW 59TH ST. OCALA, FL 34474	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBINSON, STEWART L 23685 NE HWY. 314 SALT SPRINGS FL 32134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBINSON, STEWART L. 23685 NE HWY 314 SALT SPRINGS, FL 32134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHUCHIAN, PATRICIA 1546 SE 43RD TERR. OCALA FL 34471-4903	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EGOLF, ROBERT 221 SW 80TH ST OCALA, FL 34476 CONTINUATION PAGE ATTACHED	☐ Change ☑ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED Stewart L Robinson STEWART L. ROBINSON 2/12/02 (352) 620-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # N00000000303

CONTINUATION

ADDITIONS TO OFFICERS & DIRECTORS 336789

D

BURKE, MARION - ALICE

8747 SW 93RD RD. PL. UNIT C

OCALA, FL 34481-9491

D

NASSELL, JERRY

4125 NE 19TH AVE.

OCALA, FL 34479

D

KOSTOFF, NANCY

13 NEEDLES DR.

OCALA, FL 34482