

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90688 033 ****70.00

DOCUMENT # N00000000303

1. Entity Name

MARION COUNTY MASTER GARDENERS, INC.



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

Mailing Address
2232 NE JACKSONVILLE RD.
OCALA FL 34470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

WEGLARZ, HAWK
3640 SE 22ND AVE
OCALA FL 34471-6148

7. Name and Address of New Registered Agent

Name KOSTOFF, NANCY
Street Address (P.O. Box Number is Not Acceptable)
13 NEEDLES DR.
City Ocala FL Zip Code 34482

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 Nancy Kostoff, P.D. NANCY KOSTOFF 3/13/03
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 VP
NAME WRIGHT, PETER ☒ Delete
STREET ADDRESS 1045D ST 55TH AVE
CITY-ST-ZIP BELLEVUE FL 34420

TITLE PD
NAME KOSTOFF, NANCY ☐ Change ☒ Addition
STREET ADDRESS 13 NEEDLES DR.
CITY-ST-ZIP Ocala, FL 34482

TITLE PD
NAME WEGLARZ, HANK ☒ Delete
STREET ADDRESS 3640 SE 22ND AVE
CITY-ST-ZIP Ocala FL 34471-6148

TITLE VD
NAME CARLSEN, MARGUERITE ☐ Change ☒ Addition
STREET ADDRESS 1811 NE 40TH ST
CITY-ST-ZIP Ocala, FL 34470

TITLE TD
NAME NELSON, MCAFEE ☒ Delete
STREET ADDRESS 17919 SE 105TH TERRACE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE SD
NAME MURRELL, KATE ☐ Change ☒ Addition
STREET ADDRESS 11849 SE SUNSET HARBOR RD.
CITY-ST-ZIP WEIRSDALE, FL 32195

TITLE D
NAME VPSHAW, JOHN ☒ Delete
STREET ADDRESS 5503 SW 59TH ST
CITY-ST-ZIP Ocala FL 34474

TITLE TD
NAME FLEMING, ELLEN ☐ Change ☒ Addition
STREET ADDRESS 5460 NW 26TH LANE
CITY-ST-ZIP Ocala, FL 34482

TITLE SD
NAME ROBINSON, STEWART L ☒ Delete
STREET ADDRESS 23685 NE HWY. 314
CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE D
NAME BURKE, MARIONALICE ☐ Change ☒ Addition
STREET ADDRESS 8747 SW 93RD RD PL. UNIT C
CITY-ST-ZIP Ocala, FL 34481-5491

TITLE D
NAME EGOLF, ROBERT ☒ Delete
STREET ADDRESS 221 SW 80TH ST
CITY-ST-ZIP Ocala FL 34476

TITLE D
NAME CAIN, KERRY ☐ Change ☒ Addition
STREET ADDRESS 8926 SW 8TH ST.
CITY-ST-ZIP Ocala, FL 34481

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: ELLEN FLEMING 3-13/03 620-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

