

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90768 033 ****70.00

DOCUMENT # N00000004991

1. Entity Name

MEN TRYING TO BETTER THE COMMUNITY INC.



Principal Place of Business

**2119 NW 24 ROAD
OCALA FL 34475**

Mailing Address

**P.O. BOX 0312
OCALA FL 34478**

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 **59-3658007**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, RONALD
2119 NW 24 ROAD
OCALA FL 34475**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **JONES, RONALD**
STREET ADDRESS **2119 NW 24 ROAD**
CITY-ST-ZIP **OCALA FL 34475**

TITLE **D** ☐ Delete
NAME **JACKSON, SAMUEL L**
STREET ADDRESS **P O BOX 1085**
CITY-ST-ZIP **SILVER SPRINGS FL 34489**

TITLE **D** ☐ Delete
NAME **SIMS, MICHAEL**
STREET ADDRESS **1640 SW 5 PLACE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☐ Delete
NAME **WOODBERRY, DAVID**
STREET ADDRESS **P O BOX 5264**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **D** ☒ Delete
NAME **JEFFERIES, ARCHIE**
STREET ADDRESS **3490 NW 16 AVE**
CITY-ST-ZIP **OCALA FL 34475**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED** **Ronald W. Jones** **3-4-03** **352-629-0619**

CR2E037 (10/02)