

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

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90180 002 \*\*\*\*61.25

**DOCUMENT # N00000006253**

1. Entity Name  
**DUNNELLON BUSINESS CENTER OWNERS' ASSOCIATION, I  
NC.**



Principal Place of Business  
**POST OFFICE BOX 1389  
OCALA FL 34478**

Mailing Address  
**POST OFFICE BOX 1389  
OCALA FL 34478**

2. Principal Place of Business  
**377 N.W. 14TH ST.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**OCALA FL**

City & State

Zip  
**34475**

Country

Zip

Country

4. FEI Number **59-3755873**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**G. SHEPPARD DOZIER  
9 N.E. FIRST AVENUE  
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name **HENRY J. G. MOXON**

Street Address (P.O. Box Number is Not Acceptable)

**377 N.W. 14TH ST.**

City **OCALA**

**FL**

Zip Code  
**34475**

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 *Henry J. G. Moxon, Pres.*

**HENRY J. G. MOXON, PRES.**

**2/13/03**

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  
NAME **PD  
HENRY J. G. MOXON** ☐ Delete  
STREET ADDRESS **377 N.W. 14TH STREET**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE  
NAME **STD  
MOXON, MARJORIE L** ☐ Delete  
STREET ADDRESS **377 N.W. 14TH STREET**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE  
NAME **VD  
SWEARINGEN, DONALD G** ☐ Delete  
STREET ADDRESS **377 N.W. 14TH STREET**  
CITY-ST-ZIP **OCALA FL 34470**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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: *Henry J. G. Moxon, Pres.* **HENRY J. G. MOXON, PRES** **2/13/03** **352-772-2324**

CR2E037 (10/02)