

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006534

1. Entity Name

MARION COUNTY SICKLE CELL DISEASE ASSOCIATION IN

Principal Place of Business

718 N.W. 7TH STREET  
OCALA FL 34475

Mailing Address

718 N.W. 7TH STREET  
OCALA FL 34475

2. Principal Place of Business

3. Mailing Address

P. O. Box 507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Ocala, FL

Zip

Country

Zip

Country

34478

Marion

4. FEI Number

59-3335336

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DIXON-JONES, MARIE  
718 N.W. 7TH STREET  
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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME DIXON-JONES, MARIE Y ☐ Delete  
STREET ADDRESS 1520 NW 17TH AVE  
CITY-ST-ZIP Ocala FL 34475

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

TITLE VD  
NAME GUNN, HOWARD L JR ☐ Delete  
STREET ADDRESS 2801 SW 15TH STREET  
CITY-ST-ZIP Ocala FL 34474

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

TITLE SD  
NAME WASHINGTON, WANDA ☒ Delete  
STREET ADDRESS 1405 NW 16TH STREET  
CITY-ST-ZIP Ocala FL 34474

TITLE SD ☒ Change ☐ Addition  
NAME BIRTHA KYLER  
STREET ADDRESS 2521 NW 2nd Street  
CITY-ST-ZIP Ocala, FL 34475

TITLE TD  
NAME RUTLEDGE, MARY ☒ Delete  
STREET ADDRESS PO BOX 369  
CITY-ST-ZIP LOWELL FL 3266

TITLE TD ☒ Change ☐ Addition  
NAME Gloria Thrower  
STREET ADDRESS 2453 SE 73rd Street  
CITY-ST-ZIP Ocala, FL 34480

TITLE SD  
NAME COUNCIL, VALERIE ☐ Delete  
STREET ADDRESS 1501 NW 18TH AVE  
CITY-ST-ZIP Ocala FL 34475

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

TITLE D  
NAME KYLER, BIRTHA ☐ Delete  
STREET ADDRESS 2521 NW 2ND STREET  
CITY-ST-ZIP Ocala FL 34475

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Marie Dixon-Jones* *Marie Dixon-Jones* 3/20/01 352-629-5040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90202 001 \*\*\*\*61.25  
03-26-2001 90202 002 \*\*\*\*\*8.75

66163



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)