

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90776 001 *****8.75

05-12-2002 90776 002 *****61.25

DOCUMENT # N00000006534

1. Entity Name

MARION COUNTY SICKLE CELL DISEASE ASSOCIATION IN C.

Principal Place of Business

Mailing Address

**718 N.W. 7TH STREET
OCALA FL 34475****P.O. BOX 507
OCALA FL 34478**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3335336

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DIXON-JONES, MARIE
718 N.W. 7TH STREET
OCALA FL 34475**

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 \$61.259. 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
STREET ADDRESS 1520 NW 17TH AVE
CITY-ST-ZIP Ocala FL 34475 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD
NAME GUNN, HOWARD L JR
STREET ADDRESS 2801 SW 15TH STREET
CITY-ST-ZIP Ocala FL 34474 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME KYLER, BIRTHA
STREET ADDRESS 2521 NW 2ND STREET
CITY-ST-ZIP Ocala FL 34475 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD
NAME THROWER, GLORIA
STREET ADDRESS 2453 SE 73RD STREET
CITY-ST-ZIP Ocala FL 34480 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SD
NAME COUNCIL, VALERIE
STREET ADDRESS 1501 NW 18TH AVE
CITY-ST-ZIP Ocala FL 34475 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME KYLER, BIRTHA
STREET ADDRESS 2521 NW 2ND STREET
CITY-ST-ZIP Ocala FL 34475 ☐ DeleteTITLE
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: Marie Dixon-Jones Marie Dixon-Jones 4-24-02 (352)629-5040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)