

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90081 019 ****61.25

DOCUMENT # N01000006732

1. Entity Name
OCALA ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS, INC.



Principal Place of Business
**2233 SE FT KING ST STE C
OCALA FL 34471**

Mailing Address
**2233 SE FT KING ST STE C
OCALA FL 34471**

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 **59-3758837**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MIDGETT, DAVID E
2800 E SILVER SPRINGS BLVD STE 205
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name **DAVID E MIDGETT**

Street Address (P.O. Box Number is Not Acceptable)
1521 SE 36th Ave

City **OCALA** FL **34471**

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 **DAVID E MIDGETT**

Signature, typed or printed name of registered agent and his or her address.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 4 2003

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	PD	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, OWEN	
STREET ADDRESS	16900 SE 104TH TERR	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRUBBS, TERRI	
STREET ADDRESS	837 NE 25TH AVENUE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	ARSDALE, RON	
STREET ADDRESS	200 S 5 BLVD	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BENNETT, ROSE M	
STREET ADDRESS	4721 NE 11TH STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENRY, BARBARA	
STREET ADDRESS	3345 SE 53 CT	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRELL, RAYMOND	
STREET ADDRESS	2156 S 5 BLVD	
CITY-ST-ZIP	OCALA FL 34478	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS COCHRAN	
STREET ADDRESS	5800 SW 20 ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA GRUBBS	
STREET ADDRESS	837 NE 25th Ave	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph J. Spicell Jr.	
STREET ADDRESS	4210 SW 4th Ave	
CITY-ST-ZIP	OCALA FL 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DAVID E MIDGETT

24-03

CR2E037 (10/02)