

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007985

FILED  
Feb 14, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE SAMARITAN CORPORATION, INCORPORATED

**Current Principal Place of Business:**

9475 SE 35TH CT.  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

9475 SE 35TH CT.  
OCALA, FL 34480

**New Mailing Address:**

**FEI Number:** 01-0563999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GRAHAM, CLARENCE  
5825 SE 102ND PLACE  
BELLEVIEW, FL 34420 US

**Name and Address of New Registered Agent:**

WILLIAMS, BOBBIE J  
479 WATER WAY  
OCALA, FL 34472 US

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: BOBBIE J. WILLIAMS

02/14/2002

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOENIG, GREG  
Address: 5186 SE 14TH PLACE  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: GILBERT, ULYSSES  
Address: 11830 SW 8TH ST.  
City-St-Zip: OCALA, FL 34478

Title: D ( ) Delete  
Name: LOWERY, JOSEPH  
Address: 9475 SE 35TH CT.  
City-St-Zip: OCALA, FL 34480

Title: D ( ) Delete  
Name: WILLIAMS, BOBBIE  
Address: 9475 SE 35TH CT.  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: LECORN, BERNARD  
Address: 9475 SE 35TH CT  
City-St-Zip: OCALA, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HARVEY, JOSEPH  
Address: 9475 SE 35TH CT.  
City-St-Zip: OCALA, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE J. WILLIAMS

D

02/14/2002

Electronic Signature of Signing Officer or Director

Date