

003 16T-**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91867 017 \*\*\*\*70.00

DOCUMENT # **N02000002185**

1. Entity Name  
**OCALA-MARION COUNTY Chamber of  
Commerce Education Foundation INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**110 E Silver Springs Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**110 E Silver Springs Blvd**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**OCALA FL**

Zip

**34470**

Country

**USA**

City & State

**OCALA FL**

Zip

**34470**

Country

**USA**

4. FEI Number

**EIN #**

**01-0677529**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**JAYE Baillie-APR**

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

**110 E Silver Springs Blvd**

City

**OCALA**

FL

Zip Code

**34470**

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

**Jaye Baillie**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/03**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
HILTY, JIM  
2157 SE Fort King St  
OCALA FL 34471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COO  
Vermillion, Lynette  
4559 MARICAMP Rd  
OCALA FL 34471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO  
Baillie, JAYE  
110 E Silver Springs Blvd  
OCALA FL 34470**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
INGRAM, Thomas  
2437 SE 17th St  
OCALA FL 34471**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Jaye Baillie**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jaye Baillie**

**4/25/03**

Date

**(352)629-8051**

Daytime Phone #

CR2E034B (12/02)