

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

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

05-05-2003 90294 024 ****70.00

DOCUMENT # N02000002187

1. Entity Name

OCALA-MARION COUNTY CHRISTMAS PARADE, INC.



Principal Place of Business

**110 E SILVER SPRINGS BLVD
OCALA FL 34470**

Mailing Address

**110 E SILVER SPRINGS BLVD
OCALA FL 34470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

FIN 402-0592240

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MALONE, MICHAEL
110 E SILVER SPRINGS BLVD
OCALA FL 34470**

7. Name and Address of New 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.

(NOT Registered Agent signature required when reinstating)

DATE

4/25/03

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 **CE D** ☐ Delete
NAME **HILTY, Jim**
STREET ADDRESS **2157 SE Fort King St**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **CB D**
STREET ADDRESS **VERMILLION, Lynette**
CITY-ST-ZIP **4359 MARCAMP Rd**
OCALA FL 34471

TITLE ☐ Change ☒ Addition
NAME **PCEO**
STREET ADDRESS **BAILLIE, JAYE**
CITY-ST-ZIP **110 E Silver Springs Blvd**
OCALA FL 34470

TITLE ☐ Change ☒ Addition
NAME **T D**
STREET ADDRESS **THOMAS INGRAM**
CITY-ST-ZIP **2437 SE 17th St**
OCALA FL 34471

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

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:

Jaye Baillie

4/25/03 (352)629-8051

CR2E037 (10/02)