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

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FILED
Jul 17, 2003 8:00 am
Secretary of State
05-20-2003 90069 046 ****61.25

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DOCUMENT # N02000007619

1. Entity Name
MARION COUNTY MULTICULTURAL AND EDUCATIONAL ALLIANCE, INC.

Principal Place of Business	Mailing Address
4501 EAST HWY 316 CITRA FL 32113	PO BOX402 SPARR FL 32192

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
86 CEDAR ROAD	P.O. BOX 5717
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	OCALA, FL
City & State: OCALA, FL	City & State: 34478
Zip: 34472 Country: MARION	Zip: Country: MARION

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

THAKUR, VIDYA
4501 EAST HWY 316
CITRA FL 32113

7. Name and Address of New Registered Agent

Name: THAKUR, VIDYA
Street Address (P.O. Box Number is Not Acceptable): 86 CEDAR ROAD
City: OCALA FL Zip Code: 34472

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: Vidya Thakur 5-16-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THAKUR, VIDYA PO BOX 402 SPARR FL 32192	☐ Delete	TITLE PD NAME THAKUR, VIDYA STREET ADDRESS 86 CEDAR ROAD CITY-ST-ZIP OCALA FL 34472	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CRESS, NORMA L PO BOX 605 LAKE PANSAOFFKEE FL 33538	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KIEFER-SHELTON, SUZANNE PO BOX 1124 WEIRSDALE FL 32195	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PASCO, JUANA PO BOX 11215 OCALA FL 34475	☐ Delete	TITLE TD NAME PASCO, JUANA STREET ADDRESS 14882 SW 48TH AVE CITY-ST-ZIP OCALA, FL 34473	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2EC037 (10/02)

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: Vidya Thakur VIDYA THAKUR 5-16-03 352 732 1355 x215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #