

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04661

1. Entity Name

ADVISORY COUNCIL OF THE RETIRED SENIOR VOLUNTEER

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90093 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

520 SE FT KING ST. C-1  
OCALA FL 34471  
US

520 SE FT KING ST. C-1  
OCALA FL 34471-2274  
US

2. Principal Place of Business

3. Mailing Address

610 SW 13<sup>th</sup> Street  
Suite, Apt. #, etc.

610 SW 13<sup>th</sup> Street  
Suite, Apt. #, etc.

City & State

City & State

Ocala, FL

Ocala, FL

Zip

Country

Zip

Country

34474

US

34474

US

4. FEI Number

59-2045089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, CINDY  
520 SE FT KING ST  
SUITE C  
OCALA FL 34471

Name Cindy Marshall  
Street Address (P.O. Box Number is Not Acceptable)  
610 SW 13<sup>th</sup> Street  
City Ocala FL Zip Code 34474

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.

SIGNATURE

Cindy Marshall

01/12/00

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS LASKY, BETTY R  
CITY-ST-ZIP 1404 NE 42ND AVE  
OCALA FL 34470

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS GRAFF, EDGAR H  
CITY-ST-ZIP 2236 SE 8TH AVE  
OCALA FL 34471

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

TITLE ☐ Delete  
NAME TDS  
STREET ADDRESS MILLER, MARTHA  
CITY-ST-ZIP 511 SE 3RD STREET  
OCALA FL

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Martha Miller  
CITY-ST-ZIP 511 SE 3RD Street  
Ocala, FL 34471

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS MARSHALL, CINDY  
CITY-ST-ZIP 520 SE FT KING ST, #C  
OCALA FL 34471

TITLE ☒ Change ☐ Addition  
NAME M  
STREET ADDRESS Cindy Marshall  
CITY-ST-ZIP 610 SW 13<sup>th</sup> Street  
Ocala, FL 34474

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KARVE, SUDHA  
CITY-ST-ZIP 1646 SE 3RD AVE  
OCALA FL 34471

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S/T/D  
STREET ADDRESS Chris Poole  
CITY-ST-ZIP 2703 NE 14TH ST  
Ocala, FL 34470

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:

Cindy Marshall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/00  
Date

352-732-4771  
Daytime Phone #

CR2E037 (9/99)