

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

0078924

05-11-2001 90064 001 ****61.25

DOCUMENT # N11022

1. Entity Name

SHADY HISTORIC AND SCENIC TRAILS ASSOCIATION, INC

Principal Place of Business

655 SW 80TH ST
 OCALA FL 34476
 US

Mailing Address

655 SW 80TH ST
 OCALA FL 34476
 US

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

89-2598776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WEESNER, DARLENE
655 SW 80TH ST.
OCALA FL 34476

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **P** ☐ Delete
 NAME **BELLOWS, LLOYD**
 STREET ADDRESS **532 SE 14TH AVE**
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **AS** ☐ Delete
 NAME **WEESNER, DARLENE**
 STREET ADDRESS **655 SW 80. STREET**
 CITY-ST-ZIP **OCALA FL**

TITLE **VP** ☐ Delete
 NAME **ORR, PATRICIA**
 STREET ADDRESS **2455 SW 87TH PLACE**
 CITY-ST-ZIP **OCALA FL**

TITLE **D** ☐ Delete
 NAME **MEREDITH, THOMAS GEN.**
 STREET ADDRESS **1093 SW 42ND ST**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE **DT** ☐ Delete
 NAME **LESSING, ANN**
 STREET ADDRESS **13419 S.W. 3RD PLACE**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE **D** ☐ Delete
 NAME **COOK, MARIAM**
 STREET ADDRESS **7110 SW 27TH AVE**
 CITY-ST-ZIP **OCALA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE *Darlene Weesner* **Apr. 28, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)