

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90228 037 ****61.25

DOCUMENT # N11022

1. Entity Name

**SHADY HISTORIC AND SCENIC TRAILS ASSOCIATION, IN
C.**



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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLOWS, LLOYD 532 SE 14TH AVE OCALA FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WEESNER, DARLENE 655 SW 80 STREET OCALA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORR, PATRICIA 2455 SW 87TH PLACE OCALA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEREDITH, THOMAS GEN. 1093 SW 42ND ST OCALA FL 34474 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LESSING, ANN 13419 S.W. 3RD PLACE OCALA FL 34481 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, MARIAM 7110 SW 27TH AVE OCALA FL <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tom Begley 2640 S W 36th Lane Ocala, FL 34474 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Darlene Weesner 655 S W 80th St., Ocala, FL 34476 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Margy Beiling P O Box P O Box 6422 Ft. McCoy FL 32134 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ann Lessig 13670 N W 1st Lane Ocala, FL 34481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jill Cole 1313 S E 58th Lane. Ocala, FL 34480 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lloyd Bellows 532 S E 14th Ave., Ocala, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Darlene Weesner

*(352) 237-2838
March 21, 2003*

CR2E037 (10/02)