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

Mailing Address

DOCUMENT # N11022

1. Entity Name

Principal Place of Business

SHADY HISTORIC AND SCENIC TRAILS ASSOCIATION, IN



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

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

655 SW BOTH ST OCALA FL 34476 US		655 SW 80TH ST Ocala FL 34476 US	OCALA FL 34476					1]]
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 89-2598776 Applied For Not Applicable			
Zip Country Zip		Zip	Zip Country		5. Certificate of Status Desired			
	6. Name and Address of Co	urrent Registered Agent	=L	ر اینجمان متناه و سد از از اداد		ess of New Registe		
			Nan	ne				
WEESNE	r, darlene 80th st.		. Street Address ((P.O. Box Number is Not Acceptable)			
OCALA F	L 34476				•			
			City		-	•	FL Zip Cod	
		nent for the purpose of changing its	registered offic	e or register	ed agent, or both, in th	he State of Florida. I	am familiar with,	and accept
the obligat	tions of registered agent.							
CICALATURE						•		
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE	E: Registered Agent s	ignature required	when reinstating)	DA	ATE	
·-···	•					•		
;	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C		ng 🔲	\$5.00 May Be Added to Fees		neck Payable partment of	
10.	OFFICERS AI	ND DIRECTORS			ADDITIONS (CLIMATOR			
TITLE		10 Diricorono	11.		ADDITIONS/CHANGE	S TO OFFICERS ANI	D DIRECTORS IN	V 10
NAME	∤P	☐ Delete	TITLE	1	, , , , , , , , , , , , , , , , , , ,	S TO OFFICERS ANI	D DIRECTORS IN Change	V 10
NAME	P BELLOWS, LLOYD		_	р	ŀ	S TO OFFICERS ANI		
	P BELLOWS, LLOYD 532 SE 14TH AVE		TITLE	p Tor	Begley			
	532 SE 14TH AVE OCALA FL 34471		TITLE NAME	р Топ 264	Begley	h Lane		
STREET ADDRESS	532 SE 14TH AVE OCALA FL 34471 AS		TITLE NAME STREET ADDRE	Tom 264	Begley	h Lane		
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12. Thereby 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. (352)237-2838

SIGNATURE: