

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11601

1. Entity Name

MUNROE REGIONAL DEVELOPMENT FOUNDATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90175 032 ****61.25

Principal Place of Business

Mailing Address

1101 SW 1ST AVE
STE 3
OCALA FL 34474
US

P.O. BOX 4349
OCALA FL 34478-4349
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

59-2649773

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

BROWN, CONNIE
109 W. SILVER SPRINGS BLVD.
OCALA FL 34475

Name

SHARON A. JONES

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

1101 SW 1ST Avenue

Suite 3

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

Sharon A. Jones

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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 SD ☒ Delete
NAME MERSIS, MANNY
STREET ADDRESS 2240 SE 5TH STREET
CITY-ST-ZIP Ocala FL 34471

TITLE VP ☐ Change ☒ Addition
NAME SHARON A. JONES
STREET ADDRESS 1101 SW 1ST AVENUE, STE. 3
CITY-ST-ZIP Ocala FL 34474

TITLE CD ☒ Delete
NAME BROWN, CONNIE
STREET ADDRESS 109 W SILVER SPRINGS BLVD
CITY-ST-ZIP Ocala FL

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

TITLE TD ☐ Delete
NAME LITTLE, BOB
STREET ADDRESS 109 W SILVER SPRINGS BLVD
CITY-ST-ZIP Ocala FL

TITLE CD ☒ Change ☐ Addition
NAME
STREET ADDRESS 3300 SW 34th Ave., Ste. 101
CITY-ST-ZIP Ocala FL 34474

TITLE SD ☐ Delete
NAME RASBURY, FRANK
STREET ADDRESS 347 OAK TRACK COURSE
CITY-ST-ZIP Ocala FL 34472

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME JANE BONTAINE
STREET ADDRESS 1308 SE 25 LOOP, Ste. 101
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME BONNIE STOUT
STREET ADDRESS 302 SE BROADWAY
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:

Sharon A. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(352) 351-7233

Daytime Phone #

CR2E037 (9/99)