

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90301 037 \*\*\*\*61.25

DOCUMENT # N11601

1. Entity Name

MUNROE REGIONAL DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

1101 SW 1ST AVE  
STE 203  
OCALA FL 34474  
US 34474

Mailing Address

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

4. FEI Number 59-2649773

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

JONES N, SHARON A  
1101 SW 1ST AVE  
STE 203  
OCALA FL 34474

Name SHARON A. JONES  
Street Address (P.O. Box Number is Not Acceptable)  
1101 SW 1ST AVE  
STE. 203  
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)

DATE 1-29-01

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>MERSIS, MANNY<br>2240 SE 5TH STREET<br>OCALA FL 34471    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CD<br>BROWN, CONNIE<br>109 W SILVER SPRINGS BLVD<br>OCALA FL   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LITTLE, BOB<br>109 W SILVER SPRINGS BLVD<br>OCALA FL     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RASBURY, FRANK<br>347 OAK TRACK COURSE<br>OCALA FL 34472 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C/D<br>BOB LITTLE<br>1700 SE 17th STREET<br>OCALA FL 34471           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>FRANK RASBURY<br>347 OAK TRACK COURSE<br>OCALA FL 34472        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/D<br>BONNIE STOUT<br>302 SE BROADWAY ST.<br>OCALA FL 34471         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T/D<br>JANE FONTAINE<br>1308 SE 25th LOOP, STE 101<br>OCALA FL 34471 | <input type="checkbox"/> Change <input checked="" 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:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01 352-854-4166

Date

Daytime Phone #

CR2E037 (10/00)