

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-19-2002 90231 021 ****61.25

DOCUMENT # N11601

1. Entity Name

MUNROE REGIONAL DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

Mailing Address

1101 SW 1ST AVE
STE 203
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

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

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

Sharon A. Jones

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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 **CD** ☐ Delete
NAME **LITTLE, BOB**
STREET ADDRESS **1700 SE 17TH STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **T** ☒ Change ☐ Addition
NAME **Chairman**
STREET ADDRESS **Frank Rasbury**
CITY-ST-ZIP **347 Oak Trace Course**
Ocala, FL 34472

TITLE **VD** ☐ Delete
NAME **RASBURY, FRANK**
STREET ADDRESS **347 OAK TRACK COURSE**
CITY-ST-ZIP **OCALA FL 34472**

TITLE **T** ☒ Change ☐ Addition
NAME **Vice-Chairman**
STREET ADDRESS **Bonnie Stout**
CITY-ST-ZIP **PO Box 610**
Ocala, FL 34478

TITLE **SD** ☐ Delete
NAME **STOUT, BONNIE**
STREET ADDRESS **302 SE BROADWAY STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **T** ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Lois Johnson**
CITY-ST-ZIP **1956 SE Westbrook Court**
Ocala, FL 34471

TITLE **TD** ☐ Delete
NAME **FONTAINE, JANE**
STREET ADDRESS **1308 SE 25TH LOOP STE 101**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **T** ☐ Change ☐ Addition
NAME **Treasurer (same)**
STREET ADDRESS **Jane Fontaine**
CITY-ST-ZIP **1308 SE 25th Loop Ste 101**
Ocala, FL 34471

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

Sharon A. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

351-351-7233

Daytime Phone #

CR2E037 (9/01)