2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003
Secretary of State

DOCUMENT# N17939

Entity Name: WITHLACOOCHEE WORK FORCE DEVELOPMENT AUTHORITY, INC.

Current Principal Place of Business:

2703 N.E. 14TH STREET
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

2703 N.E. 14TH STREET
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 59-2871179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STERMER, ROBERT A
8585 SW HWY 200, SUITE 9
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COWART, JACK
Address: RR 1, BOX 927
City-St-Zip: NEWBERRY, FL 32669

Title: DST ( ) Delete
Name: TROW, BARBARA
Address: 502 NE 44TH TERR
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: TURNER, RICK
Address: P.O. DRAWER 129
City-St-Zip: BRONSON, FL

Title: D ( ) Delete
Name: TROW, BARBARA
Address: 502 NE 44TH TERR
City-St-Zip: OCALA, FL 34470

Title: P ( ) Delete
Name: HAYES, CHARLES
Address: CFCC P O BOX 1388
City-St-Zip: OCALA, FL 34478

Title: DS ( ) Delete
Name: TESCH, PETE
Address: P O BOX 459
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change ( ) Addition
Name: ROBERTS, SUSAN
Address: PO BOX 1561
City-St-Zip: DADE CITY, FL 33526

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ROBERTS ED 04/25/2003

Electronic Signature of Signing Officer or Director — Date