

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90097 010 \*\*\*\*70.00

DOCUMENT # **N24233**

1. Entity Name

**MARION PINES PIONEERS, INC.**

Principal Place of Business <del>PO BOX 4333</del> <b>OCALA FL 34470</b> US	Mailing Address <del>PO BOX 4333</del> <b>OCALA FL 34470</b> US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2828 NE 49 AVENUE</b> Suite, Apt. #, etc. <b># 125</b> City & State <b>OCALA FL</b> Zip <b>34470</b> Country <b>MARION</b>	3. Mailing Address <b>2828 NE 49 AVENUE</b> Suite, Apt. #, etc. <b># 125</b> City & State <b>OCALA FL</b> Zip <b>34470</b> Country <b>MARION</b>
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~DAVENPORT, CLIFF~~  
**2828 N.E. 49TH AVE.**  
~~LOT #145~~  
**OCALA FL 34470**

7. Name and Address of New Registered Agent

Name **JAN FRAYER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2828 NE 49 AVE #85**  
 City **OCALA FL** Zip Code **34470**

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 **JAN FRAYER** *[Signature]* **02-01-00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVENPORT, CLIFF</b> <b>2828 NE 49TH AVE, LOT #145</b> <b>OCALA FL 34470</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLDEN, TOBY</b> <b>2828 N.E. 49TH AVE #119</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D</b> <b>BERRY, DICK</b> <b>2828 NE 49TH AVENUE #36</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PECK, BILL</b> <b>2828 N.E. 49TH AVE #147</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KERZIC, BILL</b> <b>2828 N.E. 49TH AVE LOT #38</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GREEN, GLORIA</b> <b>2828 NE 49 AVE #123</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JAN FRAYER</b> <b>2828 NE 49 AVE, LOT #85</b> <b>OCALA, FL 34470</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: **JAN FRAYER** *[Signature]* **02-01-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)