

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24233

1. Entity Name

MARION PINES PIONEERS, INC.

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

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

Principal Place of Business

Mailing Address

~~PO BOX 4333~~
OCALA FL ~~34478-4333~~
US

~~PO BOX 4333~~
OCALA FL ~~34478-4333~~
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2828 NE 49 AVENUE

3. Mailing Address

2828 NE 49 AVENUE

Suite, Apt. #, etc.

125

Suite, Apt. #, etc.

125

City & State

OCALA FL

City & State

OCALA FL

Zip

34470

Country

MARION

Zip

34470

Country

MARION

4. FEI Number

NOT APPLICABLE

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

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

(NOTE: Registered Agent signature required when reinstating)

02-01-00

DATE

FILE NOW:

FEES 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN FRAYER	
STREET ADDRESS	2828 NE 49 AVE, LOT #85	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JAN FRAYER REGISTERED AGENT, Inc. 02-01-00

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)