

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24984

1. Entity Name

MARION COUNTY EMPLOYEE EMERGENCY FUND, INC.

Principal Place of Business

521 SE 26TH COURT
OCALA FL 34471

Mailing Address

412 S.E. 25TH AVENUE 521 SE 26 Ct.
OCALA FL 34471-2687
US

2. Principal Place of Business

3. Mailing Address

521 SE 26TH Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala, Florida

Zip

Country

Zip

Country

34471

Marion

4. FEI Number

56-6000735

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

FOWLER, ROBERT J.
601 S.E. 25TH AVENUE
OCALA FL 34471

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

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
OT
WILEY, ALVIN
5570 S.E. 42ND AVENUE
OCALA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PEEBLES, LODDY
7751 E HWY 316
CITRA FL 32113 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HODGE, DIANE
285 S E 50TH AVENUE
OCALA FL 34471 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAWKINS, DON
14981 NE 85TH PLACE
SILVER SPRINGS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWANGER, JAMES
721 NW 120TH AVENUE
OCALA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TEDDER, MYRA
10617 S.E. 51ST CT.
BELLEVUE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00 (352) 620-3345
Date Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90103 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2F037 (9/99)