

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24984

1. Entity Name

MARION COUNTY EMPLOYEE EMERGENCY FUND, INC.

FILED

Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90014 046 \*\*\*\*61.25

Principal Place of Business

521 SE 26TH COURT  
OCALA FL 34471

Mailing Address

~~521 SE 26TH AVENUE~~  
OCALA FL 32671  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

521 SE 26th Court

Suite, Apt. #, etc.

City & State

Ocala, Fla. 34471

Zip

34471

Country

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

TITLE DP ☐ Delete  
NAME TEDDER, MYRA  
STREET ADDRESS ~~10811 SE 11TH AVE~~ 10880 SE CR 42  
CITY-ST-ZIP ~~BENEFIELD FL~~ Summerfield, Fla.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

TITLE ☐ 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:

*Myra Tedder*  
Myra Tedder, President

3/23/01 (352) 620-3345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)