

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 13, 2002 8:00 am**
Secretary of State

02-13-2002 90005 018 *****61.25

DOCUMENT # N24984

1. Entity Name

MARION COUNTY EMPLOYEE EMERGENCY FUND, INC.

Principal Place of Business

Mailing Address

**521 SE 26TH COURT
OCALA FL 34471****521 SE 26TH COURT
OCALA FL 34471
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 \$61.259. 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	DT	<input type="checkbox"/> Delete
NAME	WILEY, ALVIN	
STREET ADDRESS	5570 S.E. 42ND AVENUE	
CITY-ST-ZIP	OCALA FL	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yvonne Morson Matra	
STREET ADDRESS	25 Spring Loop Cir.	
CITY-ST-ZIP	Ocala, Florida 34472	

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PEEBLES, LODDY	
STREET ADDRESS	7751 E HWY 316	
CITY-ST-ZIP	CITRA FL 32113	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Hamm	
STREET ADDRESS	1717 SE 190th Ave.	
CITY-ST-ZIP	Silver Springs, Fla. 34488	

TITLE	D	<input type="checkbox"/> Delete
NAME	HODGE, DIANE	
STREET ADDRESS	285 S E 50TH AVENUE	
CITY-ST-ZIP	OCALA FL 34471	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, DON	
STREET ADDRESS	14981 NE 85TH PLACE	
CITY-ST-ZIP	SILVER SPRINGS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SWANGER, JAMES	
STREET ADDRESS	721 NW 120TH AVENUE	
CITY-ST-ZIP	OCALA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Delete
NAME	TEDDER, MYRA	
STREET ADDRESS	10880 SE CR 42	
CITY-ST-ZIP	SUMMERFELD FL	

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: *Myra Tedder* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 28, 2002 (352)620-3345

Date

Daytime Phone #

CR2E037 (9/01)