

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90012 027 ****61.25

DOCUMENT # N26512

1. Entity Name

MARION COUNTY MARINE RESCUE INC. OCALA, FLA

Principal Place of Business

14900 SE 107TH AVE
 SUMMERFIELD FL 34491
 US

Mailing Address

14900 SE 107TH AVE
 SUMMERFIELD FL 34491
 US

2. Principal Place of Business

847 NW 30 Ave

Suite, Apt. #, etc.

3. Mailing Address

847 NW 30 Ave

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-2967677

Applied For

Not Applicable

Zip

34475

Country

Zip

34475

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, LAVONNE
 14900 SE 107TH AVE
 SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name Nancy W McGuckin

Street Address (P.O. Box Number is Not Acceptable)

847 NW 30 Ave

City Ocala

FL

Zip Code

34475

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 Nancy W. McGuckin, Treasurer

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

(NOTE: Registered agent signature required when reinstating)

DATE

2/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, ROBERT 621 NUEVO LEON LN LADY LAKE FL 32159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASEY, MICHAEL J 6485 SW 111 PL OCALA FL 34476	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUCKIN, PAUL 4455 N.E. 139TH LANE ANTHONY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGUCKIN, NANCY 4455 NE 139TH LANE ANTHONY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, LAVONNE R 14900 SE 107TH AVE SUMMERFIELD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Russell Konold P.O. Box 102 Englis FL 34449-0102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lavonne Robinson 14900 SE 107 Ave Summerfield FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dolores Spain 9057 SW 91 Circle Ocala FL 33481	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	847 NW 30 Ave Ocala FL 34475	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ted Gearhart 18621 SE 18 St Silver Springs FL 34488	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Spain 9057 SW 91 Circle Ocala FL 33481	<input type="checkbox"/> Change <input checked="" 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 an other like empowered.

SIGNATURE:

Nancy W. McGuckin, Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/01

(352)

622-4467

CR2E037 (10/00)