

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90227 018 ****61.25

DOCUMENT # N26512

1. Entity Name

MARION COUNTY MARINE RESCUE INC. OCALA, FLA



Principal Place of Business

**847 NW 30 AV
OCALA FL 34475
US**

Mailing Address

**847 NW 30 AV
OCALA FL 34475
US**

2. Principal Place of Business

2520 NW 6 Street
Suite, Apt. #, etc.

3. Mailing Address

2520 NW 6 Street
Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34475

Country

Zip

34475

Country

4. FEI Number **59-2967677**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGUCKIN, NANCY W
847 NW 30 AV
OCALA FL 34475**

7. Name and Address of New Registered Agent

Name **McGuckin, Paul**
Street Address (P.O. Box Number is Not Acceptable)
2520 NW 6 Street
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KONOLD, RUSSELL	
STREET ADDRESS	PO BOX 102	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, LAVONNE	
STREET ADDRESS	14900 SE 107 AV	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SPAIN, DOLORES	
STREET ADDRESS	9057 SW 91 CR	
CITY-ST-ZIP	OCALA FL 33481	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCGUCKIN, NANCY	
STREET ADDRESS	847 NW 30 AV	
CITY-ST-ZIP	OCALA FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEARHART, TED	
STREET ADDRESS	18621 SE 18 ST	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPAIN, JAMES	
STREET ADDRESS	9057 SW 91 CR	
CITY-ST-ZIP	OCALA FL 33481	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGuckin, Paul	
STREET ADDRESS	2520 NW 6 Street	
CITY-ST-ZIP	Ocala FL 34475	
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 **Paul McGuckin**

1/7/03

CR2E037 (10/02)