

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90005 020 ****61.25

DOCUMENT # N31135

1. Entity Name

MISS MARION COUNTY SCHOLARSHIP PAGEANT, INC.

R



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2192 E. S.S. BLVD
 OCALA FL 34470
 US

Mailing Address

MISS OCALA/MARIAN CIT SCH BD
 PO BOC 696
 OCALA FL 34478
 US

2. Principal Place of Business

3. Mailing Address

2192 E Silver Springs Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OCALA FL

4. FEI Number

59-3018193

Applied For

Not Applicable

Zip

Country

Zip

Country

34470 FL MARION

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

DUDLEY, MARY KATHERYNE R
2192 E. SILVER SPRINGS BLVD
OCALA FL 34470

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 *Mary K. R. Dudley*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/21/00
 DATE

FILE NOW; FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	DP	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, CAROLYN	
STREET ADDRESS	1329 S.E. 14TH ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ROSSI, KATHIE	
STREET ADDRESS	2172 E. SILVER SPRINGS BLVD.	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TOMBERLIN, PENNY	
STREET ADDRESS	1721 N.E. 2ND ST.	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BARRY, ELIZABETH	
STREET ADDRESS	2539 N.E. 32ND PL	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	DM	<input type="checkbox"/> Delete
NAME	ROSSI, MARY K	
STREET ADDRESS	2192 E. SILVER SPRINGS BLVD	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATHAN PYLES	
STREET ADDRESS	10340 N ALEXANDER DR	
CITY-ST-ZIP	CITRUS SPRING FL 34434	
TITLE	IN TRANSITION	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Debbie M. Hagenberg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15740 SE 140th Ave	
STREET ADDRESS	Wausonale, FL 32195	
CITY-ST-ZIP		
TITLE	HAZEL MURPHY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2001 NE 48th ST	
STREET ADDRESS	OCALA FL 34475	
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: *Mary K. R. Dudley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00
 Date

Daytime Phone #

CR2E037 (5/00)