

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-10-2001 90193 017 ****61.25

DOCUMENT # N31135

1. Entity Name

MISS MARION COUNTY SCHOLARSHIP PAGEANT, INC.



Principal Place of Business

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

Mailing Address

2192 E SILVER SPRING BLVD
 OCALA FL 34470
 US

9669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3018193		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW: FEE IS \$61.25</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p>\$5.00 May Be Added to Fees</p>	<p>Make Check Payable to Department of State</p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	P DYLES, NATHAN	<input type="checkbox"/> Delete	TITLE NAME	Vice Pres RANDY ALORD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10340 N ATHENIA DR		STREET ADDRESS	4 TEAK CT	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434		CITY-ST-ZIP	OCALA FL 34470	
TITLE NAME	DS MITTERGNERG, DEBBIE	<input checked="" type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	15740 SE 40TH AVE		STREET ADDRESS		
CITY-ST-ZIP	WEIRSDALE FL 32195		CITY-ST-ZIP		
TITLE NAME	DT MURPHY, HAZEL	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2001 NE 48TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34479		CITY-ST-ZIP		
TITLE NAME	DM ROSSI, MARY K	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2192 E. SILVER SPRINGS BLVD		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 Rossi **REQUIRED** Date 7/27/01 Daytime Phone # _____

CR2E037 (10/00)