

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90151 007 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N31153**  
 1. Entity Name  
**OCALA COMMUNITY CONCERT ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**2224 S.E. 5th St.**      **2224 SE. 5th St.**  
**OCALA, FL. 34471**      **OCALA, FL. 34471**

24248



DO NOT WRITE IN THIS SPACE

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 **59-1723405**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROBERTSON, NANCY E**  
**1758 SE 8TH ST**  
**OCALA FL 34471**

7. Name and Address of New Registered Agent  
 Name **LIB REEVES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2224 S.E. 5th St.**  
 City **OCALA**      FL      Zip Code **34471**

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 *Lib Reeves* **LIB REEVES**      DATE

**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. **Lib Reeves pres.**  Delete *Director*  
**2224 S. E. 5th St**  
**Ocala, Fl.**  
**Pat Hattle vice-pres.**  Delete *Director*  
**3565 S. E. 56th Ter.**  
**Ocala, Fl. 34471**  
**Marguerite Chappell treasurer**  Delete *Director*  
**1910 S. E. 12th St.**  
**Ocala, Fl. 34471**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  Addition  
 Change  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 817, 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: *Lib Reeves* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 12, 2002*  
 Date      Daytime Phone #

CR2E037 (9/01)