

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90044 003 ****61.25

DOCUMENT # N32599

1. Entity Name

PROJECT GRADUATION OF MARION COUNTY 1989, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1572
 OCALA FL 34478

P.O. BOX 1572
 OCALA FL 34478-1572

00000020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2951731

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NICOL, KAY
 13556 SW 40TH CIRCLE
 OCALA FL 34473

Name **MARJORIE ANN MCGEE**

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

2159 SE 7TH Terrace

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 **MARJORIE ANN MCGEE, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/00

FILE NOW:
FEES ARE \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HILGENFELDT, ROY ☒ Delete
 STREET ADDRESS 1836 SE 6TH AVE
 CITY-ST-ZIP OCALA FL 34471

TITLE PD
 NAME MARJORIE ANN MCGEE ☐ Change ☒ Addition
 STREET ADDRESS 2159 SE 7TH TERRACE
 CITY-ST-ZIP OCALA, FL 34471

TITLE VPD
 NAME FINKEL, HEIDI ☐ Delete
 STREET ADDRESS P O BOX 1572 N/A
 CITY-ST-ZIP OCALA FL 34478

TITLE D
 NAME FINKEL, HEIDI ☒ Change ☐ Addition
 STREET ADDRESS 5717 NW 22ND TERRACE
 CITY-ST-ZIP OCALA, FL 34475

TITLE SD
 NAME CHADWICK, LINDA ☐ Delete
 STREET ADDRESS 4525 SE 12TH PLACE
 CITY-ST-ZIP OCALA FL 34471

TITLE SD
 NAME MARSHA BUMBACH ☐ Change ☒ Addition
 STREET ADDRESS 14791 SW 29 AVE RP.
 CITY-ST-ZIP OCALA, FL 34473

TITLE TD
 NAME ELLSPERMANN, DAVID ☒ Delete
 STREET ADDRESS P O BOX 130 N/A
 CITY-ST-ZIP OCALA FL 34478

TITLE TD
 NAME ANGIE D CLIFTON ☐ Change ☒ Addition
 STREET ADDRESS 1106 NE 23 AVE
 CITY-ST-ZIP OCALA, FL 34471

TITLE D
 NAME BASSETT, JOSEPH ☒ Delete
 STREET ADDRESS 821 SE 16TH PLACE, SUITE 5
 CITY-ST-ZIP OCALA FL

TITLE VPD
 NAME RUSSELL PERRETT ☐ Change ☒ Addition
 STREET ADDRESS 12332 SE 74TH TERRACE
 CITY-ST-ZIP BELLEVUE, FL 34420

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **MARJORIE ANN MCGEE, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/00