

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90017 043 ****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

550011



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

MC GEE, MARJORIE A
2159 SE 7TH TERRACE
OCALA FL 34471

Name

RUSSELL PERRETT

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

12332 SE 74TH TERRACE

City

BELLEVIEW

FL

Zip Code

34420

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME MC GEE, MARJORIE A
 STREET ADDRESS 2159 SE 7TH TERRACE
 CITY-ST-ZIP Ocala FL 34471

TITLE VPD ☐ Change ☒ Addition
 NAME CLIFTON, ANGELIA
 STREET ADDRESS 1106 NE 23RD AVENUE
 CITY-ST-ZIP Ocala, FL 34470

TITLE D ☒ Delete
 NAME FINKEL, HEIDI
 STREET ADDRESS 5717 NW 22ND TERRACE
 CITY-ST-ZIP Ocala FL 34475

TITLE TD ☐ Change ☒ Addition
 NAME FRANCO, MICHAEL
 STREET ADDRESS 2159 SE 7TH TERRACE
 CITY-ST-ZIP Ocala, FL 34471

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME BUMBACH, MARSHA
 STREET ADDRESS 14791 SW 29 AVE RD
 CITY-ST-ZIP Ocala FL 34473

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD ☐ Delete
 NAME PERRETT, RUSSELL
 STREET ADDRESS 12332 SE 74TH TERRACE
 CITY-ST-ZIP BELLEVIEW FL 34420

TITLE PD ☒ Change ☐ Addition
 NAME PERRETT, RUSSELL
 STREET ADDRESS 12332 SE 74TH TERRACE
 CITY-ST-ZIP BELLEVIEW, 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

PERRETT, RUSSELL

4-26-01

352-245-6436

CR2E037 (10/00)