

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39615

1. Entity Name

OCALA - MARION COUNTY CRITICAL INCIDENT STRESS D

Principal Place of Business

410 N.E. 3RD ST.
OCALA FL 34470

Mailing Address

410 N.E. 3RD ST
OCALA FL 34470-5857
US

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

59-3063826

Applied For

Not Applicable

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

POPE, ROBERT B
410 N.E. 3RD ST
OCALA FL 34470

Name

Robin Robarge

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

501 SE 26th Ct

City

Ocala, FL

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

Robin P Robarge

Robin P Robarge

1-31-00

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

(NOTE: Registered Agent signature required when reinstating)

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. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME LAYTON, WILLIAM
STREET ADDRESS 8434 S.W. 69TH CT. RD.
CITY-ST-ZIP Ocala FL 34478

TITLE P ☒ Change ☒ Addition
NAME Bradford, Chris
STREET ADDRESS 505 SE 1 AVE
CITY-ST-ZIP Ocala, FL 34471

TITLE D ☐ Delete
NAME ROBINSON, GEORGE
STREET ADDRESS 15455 S.W. 85 AVE
CITY-ST-ZIP DUNNELLON FL

TITLE T ☐ Change ☒ Addition
NAME Robarge, Robin
STREET ADDRESS 10 TEAN LANE
CITY-ST-ZIP Ocala, FL 34472

TITLE P ☒ Delete
NAME STOOHOFF, BRIAN
STREET ADDRESS 2332 S.E. 19TH CIR.
CITY-ST-ZIP Ocala FL

TITLE V ☐ Change ☒ Addition
NAME Duncan, Sharon
STREET ADDRESS 2021 NE 10ST
CITY-ST-ZIP Ocala, FL 34410

TITLE V ☒ Delete
NAME STOOHOFF, ALINA
STREET ADDRESS 2332 S.E. 19TH CIR
CITY-ST-ZIP Ocala FL

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

TITLE D ☐ Delete
NAME SHIVELY, CAROL
STREET ADDRESS 6960 W. HIGHWAY 40
CITY-ST-ZIP Ocala FL 34482

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

TITLE T ☒ Delete
NAME POPE, ROBERT
STREET ADDRESS 5355 N.W. 52ST LANE
CITY-ST-ZIP Ocala FL

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

Date

352 506 8185

Daytime Phone #

CR2E037 (9/99)