

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90001 028 ****61.25

DOCUMENT # N39615

1. Entity Name

**OCALA - MARION COUNTY CRITICAL INCIDENT STRESS D
EBRIEFERS, INC.**



Principal Place of Business

**521 SE 26TH CT
OCALA FL 34471**

Mailing Address

**521 SE 26TH CT
OCALA FL 34471
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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ROBARGE, ROBIN
521 SE 26TH CT
OCALA FL 34471**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ETHERIDGE, CHUCK	
STREET ADDRESS	1488 NE 21ST STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, GEORGE	
STREET ADDRESS	15455 S.W. 85 AVE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADFORD, CHRIS	
STREET ADDRESS	505 SE 1 AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBARGE, ROBIN	
STREET ADDRESS	4324 NE JACKSONVILLE RD.	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	S	<input type="checkbox"/> Delete
NAME	STOOTOF, BRIAN	
STREET ADDRESS	712 SE 3RD ST.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	V	<input type="checkbox"/> Delete
NAME	STUCKER, MORGAN	
STREET ADDRESS	3477 SE 140 PLACE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Falcone	
STREET ADDRESS	4525 NE 19th St.	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stootof, Brian	
STREET ADDRESS	712 SE 3rd St.	
CITY-ST-ZIP	Ocala, FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

1-6-03

(352) 620-3434

CR2E037 (10/02)