

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44595

1. Entity Name

VOICES FOR CHILDREN OF NORTH CENTRAL FLORIDA, IN

Principal Place of Business

Mailing Address

MARION COUNTY JUDICIAL COMPLEX
110 N.W. FIRST AVENUE
OCALA FL 34475

MARION COUNTY JUDICIAL COMPLEX
110 N.W. FIRST AVENUE
OCALA FL 34475-6601

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

91-1854844

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

PERRY, DAMIAN
MARION COUNTY JUDICIAL COMPLEX
110 N.W. FIRST AVENUE
OCALA FL 34475

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ROSIN, EVELYN
STREET ADDRESS 13024 SE 47TH CIR
CITY-ST-ZIP BELLEVUE FL 34420

TITLE SD ☒ Change ☐ Addition
NAME Rosin, Evelyn
STREET ADDRESS 13024 SE 47th Cir
CITY-ST-ZIP Bellevue, FL 34420

TITLE SD ☒ Delete
NAME SCHOELLER, JEANNE
STREET ADDRESS 310 SW 39TH PL
CITY-ST-ZIP Ocala FL 34474

TITLE PD ☐ Change ☒ Addition
NAME Barnes, Denise Harrell
STREET ADDRESS 6745 SE 108th St.
CITY-ST-ZIP Bellevue, FL 34420

TITLE TD ☐ Delete
NAME PERRY, DAMIAN
STREET ADDRESS 7 TEAK PLACE
CITY-ST-ZIP Ocala FL 34472

TITLE UPD ☐ Change ☒ Addition
NAME Krueger, George
STREET ADDRESS 9582 SW 195th Cir.
CITY-ST-ZIP Dunnellon, FL 34432

TITLE D ☒ Delete
NAME BLACK, BOBBI
STREET ADDRESS 22 JAMAICA STREET
CITY-ST-ZIP HOMOSASSA FL 34446

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

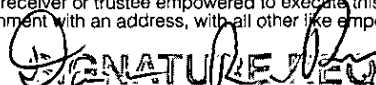
TITLE D ☒ Delete
NAME CLARK, JANICE M
STREET ADDRESS 1091 SE 59TH STREET
CITY-ST-ZIP Ocala FL 34480

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

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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

(352) 368-0619

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90045 047 ****61.25



DO NOT WRITE IN THIS SPACE