

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44665

1. Entity Name

MARION COUNTY ASSOCIATION OF CRIMINAL DEFENSE LA

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90114 033 ****61.25

Principal Place of Business

225 NE EIGHTH AVE
OCALA FL 34470
US

Mailing Address

225 NE EIGHTH AVE
OCALA FL 34470-6727
US

2. Principal Place of Business

23 SE 12 Terrace

3. Mailing Address

23 SE 12 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3081209

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUILFOIL, PAUL J
225 NE EIGHTH AVE
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
23 SE 12 Terrace

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

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

(NOTE: Registered Agent signature required when reinstating)

April 28, 2000

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

TITLE PD
NAME GUILFOIL, PAUL J
STREET ADDRESS 225 NE EIGHTH AVE
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE DS
NAME BIRD, CHRISTINE N
STREET ADDRESS 7 E. SILVER SPRINGS BLVD., #104
CITY-ST-ZIP Ocala FL 34470 ☒ Delete

TITLE DT
NAME ADEL, GARRY
STREET ADDRESS 4 SE BROADWAY
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE VPD
NAME HOLLOMAN, CHARLES
STREET ADDRESS 1515 E. SILVER SPRINGS BLVD STE 120 E
CITY-ST-ZIP Ocala FL 34470 ☐ Delete

TITLE DS
NAME POZZUTO, ANDREW
STREET ADDRESS 50 SE 1ST AVENUE
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 23 SE 12 Terrace Ocala, FL 34471
CITY-ST-ZIP

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

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

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 1515 E Silver Springs Blvd, #106
CITY-ST-ZIP

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 7 E. Silver Springs Blvd., #404
CITY-ST-ZIP Ocala, FL 34470

TITLE
NAME ☐ Change ☐ Addition
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

President/Director 4/28/00 352)622-1485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #