

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90143 001 \*\*\*122.50

**DOCUMENT # N48939**

1. Entity Name

**ALTRUSA INTERNATIONAL OF OCALA FOUNDATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P O BOX 4228  
 OCALA FL 32678

P O BOX 4228  
 OCALA FL 34478-4228

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3126926**

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

**WALKER, MACLYN**  
**7080 S.W. 27TH AVE**  
**OCALA FL 34476**

Name **Deborah M. Catabia**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7500 NW 14<sup>th</sup> St.**  
 City **Ocala FL**  
 Zip Code **FL 34482**

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

*Deborah M. Catabia* - Deborah M. Catabia - Treas.

4/28/00  
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAI, SHARON</b> <b>P.O. BOX 4155 N/A</b> <b>OCALA FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TROW, CAROL A</b> <b>1111 NE 25 AVE</b> <b>OCALA FL 34470</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JAMES, GLORIA</b> <b>731 SE 39TH AVE</b> <b>OCALA FL 34471</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALVERY, CAROL</b> <b>723 SE 24 TERR</b> <b>OCALA FL 34471</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, NANCY</b> <b>3400 SE 41ST PLACE</b> <b>OCALA FL 34480</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KIEFER, BRIDGET</b> <b>4855 SE 37TH CT</b> <b>OCALA FL 34480</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gloria James Pres.</b> <b>731 SE 39<sup>th</sup> Ave</b> <b>Ocala, FL 34471</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Dee Brown</b> <b>504 S.E. 49<sup>th</sup> Ave</b> <b>Ocala, FL 34471</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Deborah M. Catabia</b> <b>7500 NW 14<sup>th</sup> St.</b> <b>Ocala FL 34482</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Maclyn Walker</b> <b>7080 SW 27<sup>th</sup> Ave</b> <b>Ocala FL 34476</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Carol Trow</b> <b>1111 NE 25<sup>th</sup> Ave</b> <b>Ocala, FL 34470</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Frances King</b> <b>700 S E 48<sup>th</sup> Ave</b> <b>Ocala FL 34471</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Deborah M. Catabia* - Deborah M. Catabia, Treas. 4/28/00

352-622-9090  
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)