

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91012 046 \*\*\*\*61.25

**DOCUMENT # N48939**

1. Entity Name

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

Principal Place of Business

P O BOX 4228  
 OCALA FL 32678

Mailing Address

P O BOX 4228  
 OCALA FL 32678

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

**59-3126926**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CATABIA, DEBORAH M  
 7500 NW 14TH STREET  
 OCALA FL 34482

Name, **Sharon Kaplan**

Street Address (P.O. Box Number is Not Acceptable)  
**650 S.W. 48th Street Road**

City **Ocala**

**FL**

Zip Code **34474**

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 Treasurer

4/25/01

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 **P**  Delete  
 NAME **JAMES, GLORIA**  
 STREET ADDRESS **731 SE 39TH AVENUE**  
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **VP.**  Change  Addition  
 NAME **Colleen Duris**  
 STREET ADDRESS **3885 SE 59th PL**  
 CITY-ST-ZIP **Ocala FL 34480**

TITLE **VP**  Delete  
 NAME **BROWN, DEE**  
 STREET ADDRESS **504 SE 49TH AVE**  
 CITY-ST-ZIP **OCALA FL 34471**

TITLE **President.**  Change  Addition  
 NAME **Brown, Dee**  
 STREET ADDRESS **504 SE 49th Ave**  
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE **T**  Delete  
 NAME **CATABIA, DEBORAH M**  
 STREET ADDRESS **7500 NW 14TH ST**  
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **Treas.**  Change  Addition  
 NAME **Sharon Kaplan**  
 STREET ADDRESS **650 SW 48th Street Road**  
 CITY-ST-ZIP **Ocala, FL 34474**

TITLE **S**  Delete  
 NAME **WALKER, MACLYN**  
 STREET ADDRESS **7080 SW 27TH AVE**  
 CITY-ST-ZIP **OCALA FL 34476**

TITLE **Secretary**  Change  Addition  
 NAME **Donna Strickland**  
 STREET ADDRESS **3315 S.E. 25th Ave**  
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE **D**  Delete  
 NAME **TROW, CAROL**  
 STREET ADDRESS **111 NE 28TH AVE**  
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **Director**  Change  Addition  
 NAME **Mary Kay Landt**  
 STREET ADDRESS **1336 S.E. 8th St.**  
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE **D**  Delete  
 NAME **KING, FRANCES**  
 STREET ADDRESS **700 SE 48TH AVE**  
 CITY-ST-ZIP **OCALA FL 34471**

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: Deborah M. Catabia, Deborah M. Catabia Trea. 4/25/01 352-732-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)