

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90103 032 \*\*\*\*70.00

**DOCUMENT # N50079**

1. Entity Name

**MARION COUNTY SCHOOL BOARD LEASING CORPORATION**

Principal Place of Business

Mailing Address

512 SOUTHEAST THIRD STREET  
 Ocala FL 34470

512 SOUTHEAST THIRD STREET  
 Ocala FL 34471-2212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
 34471-2212

Country

Zip

Country

4. FEI Number

**59-3185728**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**SMITH, JOHN D**  
**512 SOUTHEAST THIRD STREET**  
**OCALA FL 34470**

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)

1/7/00

DATE

**FILE NOW:**  
**SEE 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCALES, LESLIE</b>	
STREET ADDRESS	<b>512 S.E. THIRD STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>APPLEQUIST, CHERYL</b>	
STREET ADDRESS	<b>512 S E THIRD STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSHLOW, KATHRYN</b>	
STREET ADDRESS	<b>512 SE THIRD STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KELLY, JAMES</b>	
STREET ADDRESS	<b>512 SE THIRD STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CRAWFORD, RON</b>	
STREET ADDRESS	<b>512 S.E. THIRD STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, JOHN</b>	
STREET ADDRESS	<b>512 S.E. THIRD STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

TITLE	<b>"C" Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>"D" Director</b>	<input checked="" 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		<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		

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

1/7/00  
 Date

(352) 620-7702  
 Daytime Phone #