

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N50079**

1. Entity Name

MARION COUNTY SCHOOL BOARD LEASING CORPORATION

Principal Place of Business

**512 SOUTHEAST THIRD STREET
OCALA FL 34471**

Mailing Address

**512 SOUTHEAST THIRD STREET
OCALA FL 34470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34471

4. FEI Number

59-3185728

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

**SMITH, JOHN D
512 SOUTHEAST THIRD STREET
OCALA FL 34470**Name **WARFORD, JAMES M.**Street Address (P.O. Box Number is Not Acceptable)
512 SE 3RD STREETCity **OCALA****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.

JAMES M. WARFORD, SUPERINTENDENT

(NOTE: Registered Agent signature required when reinstating)

JULY 9, 2001

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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 **C** ☒ Delete
NAME **SCALES, LESLIE**
STREET ADDRESS **512 S.E. THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **"D" DIRECTOR** ☒ Change ☐ Addition
NAME **HERING, STEVEN**
STREET ADDRESS **512 SE THIRD STREET**
CITY-ST-ZIP **OCALA FL 34471**TITLE **D** ☐ Delete
NAME **APPLEQUIST, CHERYL**
STREET ADDRESS **512 S E THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **D** ☐ Change ☐ Addition
NAME **APPLEQUIST, CHERYL**
STREET ADDRESS **512 S E THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **D** ☐ Delete
NAME **RUSHLOW, KATHRYN**
STREET ADDRESS **512 SE THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **D** ☐ Change ☐ Addition
NAME **RUSHLOW, KATHRYN**
STREET ADDRESS **512 SE THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **D** ☒ Delete
NAME **KELLY, JAMES**
STREET ADDRESS **512 SE THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **"D"** ☐ Change ☒ Addition
NAME **KELLY, KURT D.**
STREET ADDRESS **1902 SW 27TH STREET**
CITY-ST-ZIP **OCALA FL 34474**
EFFECTIVE 8/1/01TITLE **D** ☐ Delete
NAME **CRAWFORD, RON**
STREET ADDRESS **512 S.E. THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **"C" CHAIRMAN** ☒ Change ☐ Addition
NAME **CRAWFORD, RON**
STREET ADDRESS **512 S.E. THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **ST** ☒ Delete
NAME **SMITH, JOHN**
STREET ADDRESS **512 S.E. THIRD STREET**
CITY-ST-ZIP **OCALA FL**TITLE **"ST" SUPERINTENDENT** ☒ Change ☐ Addition
NAME **WARFORD, JAMES M.**
STREET ADDRESS **512 SE 3RD STREET**
CITY-ST-ZIP **OCALA, FL 34471**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

REQUIRED**FILED**
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90010 005 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)