

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50079

1. Entity Name

MARION COUNTY SCHOOL BOARD LEASING CORPORATION

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90162 049 \*\*\*\*70.00

0054028

Principal Place of Business  
512 SOUTHEAST THIRD STREET  
OCALA FL 34471

Mailing Address  
512 SOUTHEAST THIRD STREET  
OCALA FL 34471

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

59-3185728

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOHN D  
512 SOUTHEAST THIRD STREET  
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

WARFORD, JAMES M.

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

512 SE 3RD STREET

City

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

*James M. Warford*

JAMES M. WARFORD, SUPERINTENDENT

1/11/02

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

TITLE	C	<input type="checkbox"/> Delete
NAME	HERING, STEVEN	
STREET ADDRESS	512 S.E. THIRD STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLEQUIST, CHERYL	
STREET ADDRESS	512 S E THIRD STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSHLOW, KATHRYN	
STREET ADDRESS	512 SE THIRD STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, KURT D	
STREET ADDRESS	1902 SW27TH STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	C	<input type="checkbox"/> Delete
NAME	CRAWFORD, RON	
STREET ADDRESS	512 S.E. THIRD STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARFORD, JAMES M	
STREET ADDRESS	512 S.E. THIRD STREET	
CITY-ST-ZIP	OCALA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	"D"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, KURT D.	
STREET ADDRESS	512 SE 3RD STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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)(f), 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:

*James M. Warford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. WARFORD, SUPERINTENDENT

1/11/02 (352) 671-7702

Date

Daytime Phone #

CR2E037 (9/01)



The School Board  
of  
Marion County, Florida  
P.O. BOX 670  
Ocala, Florida 34478

Attachment  
Doc # N50079  
730502

PURCHASE ORDER NO.

32199546

PURCHASE ORDER NUMBER MUST APPEAR ON ALL DOCUMENTS AND PACKAGES. FAILURE TO COMPLY MAY RESULT IN DELIVERY DATE BEING REFUSED. IF GOODS CANNOT BE DELIVERED AS REQUESTED, PLEASE NOTIFY US AT ONCE. FLORIDA SALES TAX EXEMPTION NO. 52-20-024074-53C.

### PURCHASE ORDEF

PLEASE BILL IN DUPLICATE TO:  
MARION COUNTY SCHOOL BOARD  
P.O. BOX 670  
OCALA, FLORIDA 34478

DEPARTMENT OF STATE  
TO: DIVISION OF CORPORATIONS  
ATTN: ANNUAL REPORTS SECTION  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

FINANCE DEPARTMENT  
S 512 SE THIRD STREET  
H OCALA, FL 34471  
I (352) 671-7706  
P  
T  
O

*Handwritten signature*

DATE OF ORDER		DELIVERY DATE		BID NO.	EXP. DATE	REQUISITIONED BY	
1/21/02		1/18/02				CROSBY/COLE	
EM	QUANTITY	UNIT	DESCRIPTION			UNIT PRICE	AMOUNT
1	1	EA	CERTIFICATE OF STATUS DOCUMENT #N50079 FOR MCSB LEASING CORPORATION			61.2500	61.25
2	1	EA	FILING FEE			8.7500	8.75
			ADDITIONAL CERTIFICATE FEE				
*****							
** CHECK WITH ORDER **							
*****							
ACCOUNT			AMOUNT				
100.7500.00000.9111.730.00000.000			70.00				

ACCOUNT

100.7500.000000.9111.730.00000.0000



From Loc: FINANCE DEPARTMENT  
STEPHEN E. BARRETT

CONTROL NO.

313439

THIS IS NOT A  
PURCHASE ORDER NO.

Vendor: 217450

TOTAL

70.00

PAGE  
NO.

1

PURCHASE ORDER  
NUMBER

32199546

PURCHASING AGENT

y  
PUR 001 1-90

APPJ0000 Apprv: NEELEYB

VENDOR