

2003-NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90073 037 ****70.00

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 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

**WARFORD, JAMES M
512 SOUTHEAST THIRD STREET
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JAMES M. WARFORD, SUPERINTENDENT

2/17/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HERING, STEVEN**
STREET ADDRESS **512 S.E. 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 34471**

TITLE **D** ☒ Delete
NAME **RUSHLOW, KATHRYN**
STREET ADDRESS **512 SE THIRD STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **D** ☐ Delete
NAME **KELLY, KURT D**
STREET ADDRESS **512 SE THIRD STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **C** ☐ Delete
NAME **CRAWFORD, RON**
STREET ADDRESS **512 S.E. THIRD STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **ST** ☐ Delete
NAME **WARFORD, JAMES M**
STREET ADDRESS **512 S.E. THIRD STREET**
CITY-ST-ZIP **OCALA FL 34471**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **"C"** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **APPELQUIST, CHERYL**
STREET ADDRESS
CITY-ST-ZIP

TITLE **"D"** ☐ Change ☒ Addition
NAME **MOSLEY, SUE**
STREET ADDRESS **512 SE THIRD STREET**
CITY-ST-ZIP **OCALA FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **"D"** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JAMES M. WARFORD, SUPERINTENDENT

2/17/03 (352) 671-7709

CR2E037 (10/02)



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

Attachment

N50079

PURCHASE ORDER

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

PURCHASE ORDER NO.


32218660

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.

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

FINANCE DEPARTMENT
406 SE ALVAREZ AVENUE
OCALA, FL 34471
(352) 671-7706
S
H
I
P
T
O

JP

DATE OF ORDER	DELIVERY DATE	BID NO.	EXP. DATE	REQUISITIONED BY	
3/04/03	2/24/03			CROSBY/COLE	
ITEM	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			100.7500.00000.9111.730.00000.000	AMOUNT	70.00
					
TOTAL					70.00

from Loc: FINANCE DEPARTMENT

Vendor: 217450

From Local FINANCE DEPARTMENT
STEPHEN E. BARRETT

PURCHASING AGENT

by
UR 001 1-90

CONTROL NO.

334070

THIS IS NOT A
PURCHASE ORDER NO

Vendor # 217450

PAGE
NO.

1.

PURCHASE ORDER
NUMBER

32218660