2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N93000004916 May 18, 2000 8:00 am Secretary of State 1. Entity Name THE REAL ESTATE GROUP OF MARION COUNTY, INC. 05-18-2000 90386 013 ****61 25 Principal Place of Business Mailing Address P.O. BOX 770172 917 E. SILVER SPRINGS BLVD. OCALA FL 34477-0172 OCALA FL 34470 2. Principal Place of Business 3. Mailing Address 7651 SW Hwy 200, Suite 107 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3232243 Not Applicable Ocala, Fl., Country Country Zip \$8.75 Additional Zìp 5. Certificate of Status Desired 34476 Marion 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOZIER, G. SHEPPARD W 9 NE 1 AVE OCALA FL 34470 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete TITLE Change ☐ Addition TITI F TD NAME NAME FARLESS, LEROY STREET ADDRESS STREET ADDRESS 7651 SW HWY 200 CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34476** TT Change ☐ Addition ☐ Delete TITLE TD TITLE W SMITH, EARL BOB NAME NAME STREET ADDRESS STREET ADDRESS 9311 SW SR 200, #203 BLDG 2 CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34481** ☐ Change **VPD** X Delete TITLE **X**XAddition TITLE SD NAME NAME STAFFORD, DAVID Delcie Monsees STREET ADDRESS STREET ADORESS 2400 NW 165th St 1111 NE 25 AVE #502 CITY-ST-ZIP CITY-ST-ZIP Citra, Fl., OCALA FL 34470 ☐ Delete X Change ☐ Addition TITLE SD PD NAME KETCHIE, PAT-STREET ADDRESS STREET ADDRESS 13388 N HWY 19 CITY-ST-ZIP CITY-ST-ZIP SALT SPRING FL 32134 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

4-30-2000

Daytime Phone #

Date

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

Wm Leroy

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR