

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000004916**

1. Entity Name

THE REAL ESTATE GROUP OF MARION COUNTY, INC.**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90200 030 ****61.25

Principal Place of Business

**7651 SW HWY 200
STE 107
OCALA FL 34476
US**

Mailing Address

**P.O. BOX 770172
OCALA FL 34477-0172
US**

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 **59-3232243**

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

**DOZIER, G. SHEPPARD W
9 NE 1 AVE
OCALA FL 34470**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **TD** ☐ Delete
NAME **FARLESS, LEROY**
STREET ADDRESS **7651 SW HWY 200**
CITY-ST-ZIP **OCALA FL 34476**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☒ Delete
NAME **SMITH, EARL BOB**
STREET ADDRESS **9311 SW SR 200, #203 BLDG 2**
CITY-ST-ZIP **OCALA FL 34481**TITLE **PD** ☒ Change ☐ Addition
NAME **John Haynes**
STREET ADDRESS **6028 SW SR 200**
CITY-ST-ZIP **Ocala, Fl., 34476**TITLE **SD** ☒ Delete
NAME **SWIFT, ANNETTE**
STREET ADDRESS **7681 NW US HWY 27**
CITY-ST-ZIP **OCALA FL 34482**TITLE **SD** ☒ Change ☐ Addition
NAME **Connie Radford**
STREET ADDRESS **2005 SW College Rd, Suite 1**
CITY-ST-ZIP **Ocala, Fl., 34471**TITLE **VPD** ☒ Delete
NAME **STAFFORD, DAVID**
STREET ADDRESS **1111 NE 25TH AVE**
CITY-ST-ZIP **OCALA FL 34470**TITLE **VPD** ☐ Change ☐ Addition
NAME **Shirley Lennox**
STREET ADDRESS **10500 SE 101st Ave Rd**
CITY-ST-ZIP **Bellevue, Fl., 34420**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☐ Addition
NAME **Mary Modrovsky**
STREET ADDRESS **535 NE 36th Ave**
CITY-ST-ZIP **Ocala, Fl., 34470**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE**W. L. Farless****01-25-02 (352)854-7220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)