

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000004916

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: THE REAL ESTATE GROUP OF MARION COUNTY, INC.

## Current Principal Place of Business:

7651 SW HWY 200  
STE 107  
OCALA, FL 34476 US

## Current Mailing Address:

P.O. BOX 770172  
OCALA, FL 344770172 US

## New Principal Place of Business:

1111 NE 25 AVE  
STE 101  
OCALA, FL 34470 US

## New Mailing Address:

1111 NE 25 AVE  
STE 101  
OCALA, FL 34470 US

FEI Number: 59-3232243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: FARLESS, LEROY  
Address: 7651 SW HWY 200  
City-St-Zip: OCALA, FL 34476

Title: PD ( ) Delete  
Name: HAYNES, JOHN  
Address: 6028 SW SR 200  
City-St-Zip: OCALA, FL 34476

Title: SD ( ) Delete  
Name: RADFORD, CONNIE  
Address: 2005 SW COLLEGE RD SUITE 1  
City-St-Zip: OCALA, FL 34471

Title: VPD ( ) Delete  
Name: LENNOX, SHIRLEY  
Address: 10500 SE 101ST AVE RD  
City-St-Zip: BELLEVUE, FL 34420

Title: D ( ) Delete  
Name: MODROVSKY, MARY  
Address: 535 NE 36TH AVE  
City-St-Zip: OCALA, FL 34470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: STAFFORD, DAVID  
Address: 1111 NE 25 AVE STE 101  
City-St-Zip: OCALA, FL 34470

Title: VPD (X) Change ( ) Addition  
Name: RADFORD, CONNIE  
Address: 2005 SW COLLEGE RD STE 1  
City-St-Zip: OCALA, FL 34471

Title: SD (X) Change ( ) Addition  
Name: KATCHIE, PATRICIA  
Address: 13388 N HWY 19  
City-St-Zip: SALT SPRINGS, FL 32134

Title: TD (X) Change ( ) Addition  
Name: LENNOX, SHIRLEY  
Address: 10500 SE 101ST AVE RD  
City-St-Zip: BELLEVUE, FL 34420

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID STAFFORD

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date