

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

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90090 013 \*\*\*\*61.25

**DOCUMENT # N94000000928**

1. Entity Name

**THE MARION COUNTY CONTINUITY OF CARE COUNCIL, INC.**



Principal Place of Business

PO BOX 1923  
OCALA FL 34478  
US

Mailing Address

PO BOX 1923  
OCALA FL 34478  
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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BALL, PEARL F~~ **James C. LEGG** <sup>P</sup>  
~~3405 SW COLLEGE ROAD~~ **2800 S.W. 41st. ST**  
~~SUITE 211~~  
~~OCALA FL 34474~~ **34471**

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 Legg*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete  
NAME ~~UTZ, GEORGIA~~ **DEBRA WELLS**  
STREET ADDRESS ~~P.O. BOX 1923~~ **3231 S.W. 34TH. AVE**  
CITY-ST-ZIP **OCALA FL 34478**

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

TITLE **T** ☐ Delete  
NAME **BENNIGFIELD, BONNIE**  
STREET ADDRESS **1601 SE 24TH. RD.**  
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE ☐ Delete  
NAME **BALL, PEARL F**  
STREET ADDRESS **3405 SW COLLEGE ROAD SUITE 211**  
CITY-ST-ZIP **OCALA FL 34474**

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

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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:

*Bonnie Bennigfield*

8/27/03

622-9696

CR2E037 (10/02)