

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90105 003 ****61.25

DOCUMENT # N94000003135

1. Entity Name

MARION COUNTY MUSEUM OF HISTORY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 3722 SE FORT KING ST 3722 SE FORT KING ST
 Ocala FL 34470 Ocala FL 34470-1317

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3274129		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
DEBARY, BETTIE 3722 SE FORT KING ST 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]* DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, RICHARD		NAME		
STREET ADDRESS	4822 NE 18TH PL		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGMAN, LOUIS		NAME		
STREET ADDRESS	1039 NE 10TH STREET		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERLIN, WILEY		NAME		
STREET ADDRESS	3319 S.E. 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKISON, MONTE		NAME		
STREET ADDRESS	7875 SW 27TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, ESTELLE		NAME		
STREET ADDRESS	821 NE 44 AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, PATRICIA		NAME	EARL DeBARY	
STREET ADDRESS	4025 NE 29 TERR		STREET ADDRESS	3722 SE FT. KING	
CITY-ST-ZIP	OCALA FL 34479		CITY-ST-ZIP	OCALA FL 34470	

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]* DATE: 1-22-00 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)