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

FILED

03 APR 17 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001379

1. Entity Name
THE MARION COUNTY R/C CLOUD CLIMBERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
5500 NW 26TH LANE OCALA, FL 34482 US	5500 NW 26TH LANE OCALA, FL 34482 US

☑ CHECK HERE IF MAKING CHANGES

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 — ☐ 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
HARCUM, MARLENE 6500 NW 26TH LANE OCALA, FL 34482	Name: Harcum, Marlene Street Address (P.O. Box Number is Not Acceptable): 5500 NW 26th. Lane City: OCALA FL Zip Code: 34482

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 _____ DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

61.25
TOTAL FILING 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARCUM, MARLENE C 6500 NW 26TH LANE OCALA, FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100016320161 04/18/03--01084--010 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELLIS, MARTIN A 3920 NE 8TH CT OCALA, FL 34479	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HARCUM, JAMES T 6500 NW 26TH LANE OCALA, FL 34482	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD Harcum, James T. 5500 NW 26th. Lane Ocala, Fl. 34482
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BUNDICK, WALTER 4204 NE 11TH ST OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VPD Meissner, Thomas F. 5315 NW 26th. Lane Ocala, Fl. 34482
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Marlene C Harcum 4/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #