

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001919

1. Entity Name

FLORIDA FOSTER CARE REVIEW PROJECT OF MARION COU

Principal Place of Business

110 N.W. 1ST AVE.  
OCALA FL 34475  
US

Mailing Address

230 NE 25TH AVE.  
200  
OCALA FL 34470  
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

59-3307924

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

LANDT, MARY CATHERINE ESQ.  
230 NE 25TH AVE.  
STE. 200  
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 \$61.25

9. 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 D ☐ Delete  
NAME CASEY, JAMES T MD  
STREET ADDRESS 200 S E 17TH STREET  
CITY-ST-ZIP Ocala FL 34471

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

TITLE D ☐ Delete  
NAME CORNELL-OHLMAN, JOANNE PH.D  
STREET ADDRESS 3021 S.W. 27TH AVENUE  
CITY-ST-ZIP Ocala FL 34475

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

TITLE D ☐ Delete  
NAME DOUGLAS, ROBERT LT.  
STREET ADDRESS 692 N.W. 30TH AVENUE  
CITY-ST-ZIP Ocala FL 34474

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

TITLE VP ☐ Delete  
NAME SCHATT, BECKY  
STREET ADDRESS 1301 SW 43 PLACE  
CITY-ST-ZIP Ocala FL

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

TITLE P ☐ Delete  
NAME LANDT, MARY C  
STREET ADDRESS 230 NE 25 AVE STE 200  
CITY-ST-ZIP Ocala FL 34470

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90306 002 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)