

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002135

1. Entity Name

MARION-CITRUS MENTAL HEALTH FOUNDATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90119 028 ****70.00

Principal Place of Business

Mailing Address

P O BOX 770945
OCALA FL 34477-0945
US

P O BOX 770945
OCALA FL 34477-0945
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

59-3343726

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

RASCO, RUSSELL
1761 S.E. 38 COURT
OCALA FL 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.

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 PD
NAME EHLERS, HENRY
STREET ADDRESS 2403 S.E. 17TH ST.
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE D
NAME SLAYMAKER, THOMAS
STREET ADDRESS 2250 IW HWY 44
CITY-ST-ZIP INVERNESS FL ☒ Delete

TITLE SD
NAME DEBOLT, MARK
STREET ADDRESS 1314 S.E. 14TH AVE.
CITY-ST-ZIP Ocala FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Trea
NAME Schlemmer, Charlene
STREET ADDRESS 1111 NE 25 Ave
CITY-ST-ZIP Ocala FL 34470 ☐ Change ☒ Addition

TITLE Director
NAME Stephen Spivey
STREET ADDRESS 230 NE 25 Ave
CITY-ST-ZIP Ocala FL 34470 ☐ Change ☒ Addition

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

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

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

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

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

1/19/00

352-873-6581

Date

Daytime Phone #

CR2E037 (9/99)