

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90314 031 \*\*\*\*61.25

**DOCUMENT # N95000002136**

1. Entity Name

**MARION COUNTY COALITION FOR THE HOMELESS, INC.**

Principal Place of Business

**320 N MAGNOLIA AVE  
 Ocala FL 34476**

Mailing Address

**320 N MAGNOLIA AVE  
 Ocala FL 34476**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3368125**

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

**KLEIN, H. RANDOLPH ESQ.  
 333 N.W. 3RD AVENUE  
 Ocala FL 34475**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D/P  
 MILLER, PATRICIA  
 3200 S.W. 34 AVENUE #101  
 Ocala FL 34472**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**Patricia Miller  
 2600 SE Lake Weir Rd.  
 Ocala, FL 34471**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D/P  
 BARBER, KET  
 3862 N.E. 19TH STREET CIRCLE  
 Ocala FL 34470**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DST  
 SWOAP, ZONA  
 5421 S.E. 38TH AVENUE  
 Ocala FL 34475**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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 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:

*Patricia Miller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)