

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005214

1. Entity Name

WIDOWED PERSONS SERVICE OF MARION COUNTY, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90046 036 \*\*\*\*61.25

Principal Place of Business

Mailing Address

440 SW 32ND PLACE  
 Ocala FL 34474  
 US

417 NE 18TH AVE  
 Ocala FL 34470-6156  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

AARP Office  
 Suite, Apt. #, etc.  
 3620 NE 8th Place

11074 SW 69 Circle  
 Suite, Apt. #, etc.  
 Ocala FL

City & State

City & State

Ocala, FL

Ocala, FL

Zip

Country

Zip

Country

34470

USA

34476

USA

4. FEI Number

59-3356780

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

MARY K SPAID  
 417 NE 18TH AVE  
 Ocala FL 34470

Name

Dr. George W. Kelsey

Street Address (P.O. Box Number is Not Acceptable)

11074 SW 69 Circle

Ocala

FL 34476

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

*George W. Kelsey*  
 Signature, typed or printed name of registered agent and title if applicable.

*George W. Kelsey*  
 (NOTE: Registered Agent signature required when reinstating)

*Mar. 28, 2000*  
 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	VCD STEWART, BLAIR 717 STATE RD 200 OCALA FL 34476 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KENISTON, ARTHUR H 3507 N.E. 12TH ST OCALA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, ANN 520 S.E. FT. KING ST., SUITE C-1 OCALA FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPAID, MARY 417 N.E. 18TH AVE. OCALA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINGIONE, SUZANNE 4400 SW 32ND PLACE OCALA FL 34474 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Kelsey, George 11074 S.W. 69th Circle Ocala, FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ms Prince, Cherrietta P.O. Box 3092 Ocala, FL 34478 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*George W. Kelsey*  
 Signature and typed or printed name of signing officer or director

*Mar. 28, 2000 (352) 873-248*  
 Date Daytime Phone #

CR2E037 (9/99)