

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90032 035 ****61.25

DOCUMENT # N97000004178

1. Entity Name

THE LIBERTARIAN PARTY OF MARION COUNTY, INC.



Principal Place of Business

**1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471
US**

Mailing Address

**1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471
US**

2. Principal Place of Business

NO CHANGE

Suite, Apt. #, etc.

3. Mailing Address

NO CHANGE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3447230**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CALVO, WILLIAM A III
1941 SOUTHEAST 51ST TERRACE
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name **NO CHANGE**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MILLS, NANCY	
STREET ADDRESS	9155 SW 30TH CT	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BELLOWS, LLOYD	
STREET ADDRESS	532 SE 14TH AVE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, JOSEPH	
STREET ADDRESS	3001 SE LAKE WEIR AVE. APT 1313	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOOLEY, LOUIS	
STREET ADDRESS	3738 NE 8TH PLACE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY MILLS	
STREET ADDRESS	9155 SW 30TH CT	
CITY-ST-ZIP	OCALA, FL. 34476	
TITLE	CTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARC TILLERY	
STREET ADDRESS	3092 SW HARBOR HILLS ROAD	
CITY-ST-ZIP	DUNNELLON, FL. 34431	
TITLE	MS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK VAN YUSH	
STREET ADDRESS	1941 SOUTHEAST 51ST TERRACE	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM A. CALVO, III	
STREET ADDRESS	1941 SOUTHEAST 51ST TERRACE	
CITY-ST-ZIP	OCALA, FL. 34471	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK VAN YUSH	
STREET ADDRESS	4920 N.E. 2ND LP.	
CITY-ST-ZIP	OCALA, FL. 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William A. Calvo, III Chairman 4-25-2003 352-361-6471

CR2E037 (10/02)