

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91053 025 \*\*\*\*61.25

**DOCUMENT # N97000005466**



1. Entity Name  
**NORTH MAGNOLIA CORRIDOR REDEVELOPMENT CORPORATIO  
N**

Principal Place of Business  
**1735 N JACKSONVILLE RD  
OCALA FL 34470**

Mailing Address  
**1735 N.E. JACKSONVILLE ROAD  
OCALA FL 34471--  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **NOT APPLICABLE**  
Applied For  
Not Applicable

Zip Country  
**34470**

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HERSHBERGER, FLOYD  
1735 NE JACKSONVILLE RD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERSHBERGER, FLOYD</b>	
STREET ADDRESS	<b>1735 N JACKSONVILLE RD</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERSHBERGER, MARYLEE</b>	
STREET ADDRESS	<b>1735 N JACKSONVILLE RD</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARZELLA, ROSE</b>	
STREET ADDRESS	<b>733 N. MAGNOLIA AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34475</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YUTANI, KEVIN</b>	
STREET ADDRESS	<b>1708 N MAGNOLIA AVE</b>	
CITY-ST-ZIP	<b>OCALA FL 34475</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YANDLE, CLARK</b>	
STREET ADDRESS	<b>834 N. MAGNOLIA AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34475</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WALTON, JIMMY D</b>	
STREET ADDRESS	<b>520 NE 1ST AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34475</b>	

TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALBRIGHT, GEORGE</b>	
STREET ADDRESS	<b>1412 N.W. 10th STREET</b>	
CITY-ST-ZIP	<b>OCALA, FL 34475</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *MARYLEE HERSHBERGER* **MARYLEE HERSHBERGER** 4-17-03

352-732-2249

CR2E037 (10/02)