

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000000424**

1. Entity Name

OCALA RUNNERS CLUB, INC.**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90033 028 ****61.25

Principal Place of Business

**321 NORTHWEST THIRD AVE.
OCALA FL 34475**

Mailing Address

**P.O. BOX 5621
OCALA FL 34478**

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

59-2168213

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, MICHAEL J
321 NORTHWEST THIRD AVE.
OCALA FL 34475**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOPER, MICHAEL J	
STREET ADDRESS	321 NORTHWEST THIRD AVENUE	
CITY-ST-ZIP	OCALA FL 34475	

TITLE	TD	<input type="checkbox"/> Delete
NAME	KIRK, NANCY	
STREET ADDRESS	1124 SOUTHEAST 7TH STREET	
CITY-ST-ZIP	OCALA FL 34471	

TITLE	SD	<input type="checkbox"/> Delete
NAME	AKIN, GAIL	
STREET ADDRESS	2001 SOUTHEAST 47TH AVENUE	
CITY-ST-ZIP	OCALA FL 34471	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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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: _____

SIGNATURE REQUIRED Michael J Cooper 2-5-01 352-732-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)