

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003376

1. Entity Name

THE HANDS OF STONE INTERNATIONAL MUSEUM OF HUMAN

Principal Place of Business

Mailing Address

706 S.W. 3RD AVENUE  
OCALA FL 34474

706 S.W. 3RD AVENUE  
OCALA FL 34474-4232

2. Principal Place of Business

202 S. Magnolia Ave

3. Mailing Address

202 S. Magnolia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1-A

Suite 1-A

City & State

City & State

OCALA FL

OCALA FL

Zip

Country

Zip

Country

34474

USA

34474

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALARA, WILDA  
706 S.W. 3RD AVENUE  
OCALA FL 34474

Name

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

202 S. Magnolia Ave. Suite 1-A  
City Ocala FL Zip Code 34474

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 WILDA, MARLA 807 S APOPKA AVE INVERNESS FL 34452	<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	D FOSTER, E L MAYOR PO BOX 1270 OCALA FL 34478	<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	D DUMBADSE, ROSS T DR 1810 CLATTERBRIDGE RD OCALA FL 34471	<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	D RODRIGUEZ, CARLOS 3000 OCEAN PKWY BKLYN NY 11235	<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	S SCOTT, BARBARA 6221 SW 84 PL OCALA FL 34476	<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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 10, 2000 8:00 am  
Secretary of State

05-10-2000 90090 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4-28-00

352-622-1340