

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90002 046 ****61.25

DOCUMENT # N98000007063

1. Entity Name

GALLERY ON THE SQUARE, INC.

Principal Place of Business

Mailing Address

4901 E SILVER SPRINGS BLVD
 606
 OCALA FL 34470

4901 E SILVER SPRINGS BLVD
 606
 OCALA FL 34470-4935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3553020

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

STERMER, ROBERT A
8585 SW HWY. 200, S-9
OCALA FL 34481

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SWANGER, RHODA L**
 STREET ADDRESS **10097 SW 90TH AVE**
 CITY-ST-ZIP **OCALA FL 34481**

TITLE Change Addition
 NAME **Modrea Seiler**
 STREET ADDRESS **2901 SW 41ST #701**
 CITY-ST-ZIP **Ocala FL 34474**

TITLE Delete
 NAME **VD SEILER, MODREA M**
 STREET ADDRESS **2901 SW 41 ST #701**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE Change Addition
 NAME **Ruth Jordan**
 STREET ADDRESS **13177 SE 47th**
 CITY-ST-ZIP **Bellview 34420**

TITLE Delete
 NAME **VD SPEILMAN, GAYLE**
 STREET ADDRESS **220 #C E GLENEAGLES RD**
 CITY-ST-ZIP **OCALA FL 34472**

TITLE Change Addition
 NAME **same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BATCHELDER, BARBARA**
 STREET ADDRESS **1755 SE 155 ST**
 CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE Change Addition
 NAME **Treasurer Barbara Batchelder**
 STREET ADDRESS **1755 SE 155 ST**
 CITY-ST-ZIP **Summerfield FL 34491**

TITLE Delete
 NAME **SD KELL, JOAN**
 STREET ADDRESS **5700 SE 41 CT**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE Change Addition
 NAME **same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Barbara Batchelder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

Daytime Phone #

CR2E037 (MNF)