

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED

Apr 07, 2001 8:00 am
Secretary of State

03-12-2001 90013 023 ****61.25

DOCUMENT # N98000007063

1. Entity Name

GALLERY ON THE SQUARE, INC.

Principal Place of Business

4901 E SILVER SPRINGS BLVD
606
OCALA FL 34470

Mailing Address

4901 E SILVER SPRINGS BLVD
606
OCALA FL 34470

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

59-3553020

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SWANGER, RHODA L	
STREET ADDRESS	10097 SW 90TH AVE	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SEILER, MODREA M	
STREET ADDRESS	2901 SW 41 ST #701	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPEILMAN, GAYLE	
STREET ADDRESS	220 #C E GLENEAGLES RD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BATCHELDER, BARBARA	
STREET ADDRESS	1755 SE 155 ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KELL, JOAN	
STREET ADDRESS	5700 SE 41 CT	
CITY-ST-ZIP	OCALA FL 34480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edmond H. D	
STREET ADDRESS	9852 SW 62nd Ave	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	First Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth Jordan D	
STREET ADDRESS	13177 SE 47th class	
CITY-ST-ZIP	Bellevue, FL 34440	
TITLE	Second Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA PORZIO D	
STREET ADDRESS	1770 SE 114 CT.	
CITY-ST-ZIP	Summerfield FL 34491	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Batchelder D	
STREET ADDRESS	1755 SE 155th St	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGrinnis Karen D	
STREET ADDRESS	4111 S.E. 14th St.	
CITY-ST-ZIP	Ocala, FL 34471	
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:

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

3-06-01

352-236-6992

Date

Daytime Phone #

CR2E037 (10/00)