

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90224 040 ****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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEILER, MODREA	
STREET ADDRESS	7456 NW 45 LANE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	JORDAN, RUTH	
STREET ADDRESS	13177 SE 47TH CLASS	
CITY-ST-ZIP	BELLEVIEW FL 34480	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	MCGINNIS, KAREN	
STREET ADDRESS	4611 SE 14TH STREET	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BATCHELDER, BARBARA	
STREET ADDRESS	1755 SE 155 ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUINK, LAURA M	
STREET ADDRESS	4295 E RIVERSIDE DR	
CITY-ST-ZIP	DUNNELLON FL 34434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGinnis, Karen	
STREET ADDRESS	4611 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		
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yerden, Daniel	
STREET ADDRESS	2060 N.E. 39th St.	
CITY-ST-ZIP	Ocala, FL 34479	
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: **KAREN MCGINNIS**

1-16-03

352-694-8043

CR2E037 (10/02)