

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007274

1. Entity Name

MARION AUTISTIC COUNCIL, INC.

Principal Place of Business

P.O. BOX 57
REDDICK FL 32686

Mailing Address

P.O. BOX 57
REDDICK FL 32686-0057

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

59-3563603

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

GONZALEZ, ANN
10850 SE 141 AVE. RD
OCKLAHAW FL 32179

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
NAME HAWK, PAT
STREET ADDRESS 5301 W. HWY. 316
CITY-ST-ZIP REDDICK FL 32686

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE 2VP
NAME SEAMAN, ALLISON
STREET ADDRESS 208 N.E. 70TH ST.
CITY-ST-ZIP Ocala FL 34479-1382

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME COOK, ROBERT
STREET ADDRESS 250 NE 45 TERR
CITY-ST-ZIP Ocala FL 34470

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME BONSTEEL, LORETTA
STREET ADDRESS 2254 NW 186TH LN
CITY-ST-ZIP CITRA FL 32133-2115

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME GONZALEZ, ANN
STREET ADDRESS 10850 S.E. 141 AVE. RD.
CITY-ST-ZIP OCKLAWAHA FL 32179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Ann Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00

Date

352-694-1899

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE