

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90053 005 \*\*\*\*61.25

**DOCUMENT # N99000002559**

1. Entity Name

**OCALA WOMEN'S NETWORK, INC.**

Principal Place of Business

Mailing Address

**%MARY GRACE MOYER, SUNTRUST BANK  
 PO BOX 310  
 Ocala FL 34478**

**%MARY GRACE MOYER, SUNTRUST BANK  
 PO BOX 310  
 Ocala FL 34478**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MORRIS, BEVERLY A  
 2100 SE 17TH ST, SUITE 300  
 Ocala FL 34471-4181**

**DEPARTMENT OF STATE**

**DEPOSIT ONLY**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOYER, MARY GRACE</b> <b>567 NE 45TH TERR</b> <b>OCALA FL 34470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, CONNIE E</b> <b>4040 SE 3RD ST</b> <b>OCALA FL 34471</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPANG, ANN</b> <b>537 SE 19 STREET</b> <b>OCALA FL 34471</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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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 an alter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/4/02*

*352 402 6996*

CR2E037 (9/01)