

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90144 027 \*\*\*\*\*61.25

DOCUMENT # N99000006996

1. Entity Name

THE BREAKFAST CLUB OF OCALA, INC.

Principal Place of Business

580 SW 48TH LANE  
OCALA FL 34474

Mailing Address

580 SW 48TH LANE  
OCALA FL 34474

2. Principal Place of Business

2801 SW College Rd.

Suite, Apt. #, etc.

O/The Real Estate Ctr.

City & State

Ocala Fl.

Zip

34474

Country

USA

3. Mailing Address

2801 SW College Rd.

Suite, Apt. #, etc.

O/The Real Estate Ctr.

City & State

Ocala Fl.

Zip

34474

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3599643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, BEVERLY A  
580 SW 48 TH LANE  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name Laura M. WRIGHT

Street Address (P.O. Box Number is Not Acceptable)

O/The Real Estate Center  
2801 SW College Rd. #25

City

Ocala

FL

Zip Code

34474

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

*Laura M. Wright*

Laura M. Wright

4/19/01

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

TITLE PD  
NAME O'CONNOR, JOHN  
STREET ADDRESS 2635 SE 27TH STREET  
CITY-ST-ZIP OCALA FL 34471 ☐ Delete

TITLE VPD  
NAME HARDEN, DAVID M  
STREET ADDRESS 580 SW 48TH LANE  
CITY-ST-ZIP OCALA FL 34474 ☐ Delete

TITLE SD  
NAME MARTEL, ELLEN  
STREET ADDRESS 4181 SE 17TH STREET  
CITY-ST-ZIP OCALA FL 34471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Secretary  
NAME Lola Gonzalez  
STREET ADDRESS 850 NE 36th Terrace Ste. G  
CITY-ST-ZIP Ocala Fl. 34470 ☒ Change ☐ Addition

TITLE TREASURER  
NAME Laura M. WRIGHT  
STREET ADDRESS 2801 SW College Road  
CITY-ST-ZIP Ocala Fl. 34474 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Laura M. Wright* Laura M. WRIGHT

4/19/01

(352) 873-8733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)