

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

Page 1 of 2

DOCUMENT # N99000007184

1. Entity Name

Magnolia Professional Center
Property Association, Inc.



FILED

03 MAR -6 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

702 S Magnolia Ave., #2

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

4. FEI Number

59-3639121

Applied For

Not Applicable

Zip

34474

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Michael Eugene Ethridge

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

702 S Magnolia Ave., Unit 2

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. 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

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Michael Ethridge 702 S Magnolia Ave., #2 Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Secretary Jennifer Salpeter 702 S Magnolia Ave., #1 Ocala, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Tracey Ethridge 702 S Magnolia Ave., #2 Ocala, FL 34474
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Ethridge, Pres. 1/30/03 352/351-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

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Magnolia Professional Center Property Assoc., Inc.
702 S Magnolia Ave., Unit 2
Ocala, FL 34474

January 30, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

~~RE: UBR Document N99000007184~~


Dear Sir or Madam:

I placed a call to the Divisions of Corporation office because I had yet to receive our new year application for the current year. After speaking with one of your representatives, I was told that the corporation was dissolved and I would have to call reinstatement division for more information.

I then in turn placed a call to that division and explained that I never received my application for the current year. We discovered that my address was incorrect in the system, and I was told that I would have to write a letter explaining why I feel the reinstatement fee should be waived. After doing a little research I found the last application that I filed with this office and the address information is correct on my application. I have enclosed a copy of that filing for your records. Therefore, I believe that the fee should be waived since I have done everything in my power to fulfill my obligation. I have enclosed a check for the 2002/2003 years totaling \$122.50.

If you have any further questions or if I can be of further assistance please do not hesitate to give me a call.

Sincerely,


Charlene Wheeler
Bookkeeper