

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113054

FILED

1. Entity Name  
MAGNOLIA ACRES & TRAINING CENTER, INC.

02 AUG 28 PM 1:37

Principal Place of Business

2659 HIBBARD TRAIL  
CHULUOTA FL 32766

Mailing Address

2659 HIBBARD TRAIL  
CHULUOTA FL 32766

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

695 S.E. 160th Street

3. Mailing Address

695 S.E. 160th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sumnerfield, FL

City & State

Sumnerfield, FL

4. FEI Number

59-3759117

Applied For

Not Applicable

Zip

34491

Country

Marion

Zip

34491

Country

Marion

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JAMES A  
2659 HIBBARD TRAIL  
CHULUOTA FL 32766

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME WILLIAMS, JAMES A  
STREET ADDRESS 2659 HIBBARD TRAIL  
CITY-ST-ZIP CHULUOTA FL 32766 ☐ Delete

TITLE V  
NAME WILLIAMS, MARJORIE A  
STREET ADDRESS 2659 HIBBARD TRAIL  
CITY-ST-ZIP CHULUOTA FL 32766 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME James A. Williams ☒ Change ☐ Addition  
STREET ADDRESS 695 S.E. 160th Street  
CITY-ST-ZIP Sumnerfield, FL 34491

TITLE V  
NAME Marjorie A. Williams ☒ Change ☐ Addition  
STREET ADDRESS 695 S.E. 160th Street  
CITY-ST-ZIP Sumnerfield, FL 34491

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

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

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

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

CR2E034 (4/02)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/02

Date

Daytime Phone #

252  
245-2140