

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000049911**

1. Entity Name

THE BIRTH CENTER OF OCALA, INC.**FILED**
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90044 020 ***158.75

Principal Place of Business

Mailing Address

**207 S.E. 8TH STREET
OCALA FL 34474****207 S.E. 8TH STREET
OCALA FL 34476-7527**

00026831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9520 SW 19th AVE ROAD

3. Mailing Address

9520 SW 19th AVE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

4. FEI Number

65-0841607

Applied For

Not Applicable

Zip

34476

Country

US

Zip

34476

Country

US

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DYE, MIRINE R
207 S.E. 8TH STREET
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name **DYE, MIRINE R**

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

9520 SW 19th AVE ROADCity **Ocala, FL**Zip Code **34476**

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

Director

2/24/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	DYE, MIRINE R	
STREET ADDRESS	9520 SW 19 AVE	
CITY-ST-ZIP	OCALA FL 34476	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

MIRINE R. DYE

2/24/00

352-873-7011

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #