

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90047 029 ***150.00

DOCUMENT # P99000021366

1. Entity Name

THE CONNOR DEVELOPMENT CORPORATION OF MARION COU

Principal Place of Business

Mailing Address

8 LARCH RADIAL COURSE
 Ocala FL 34472

P.O. BOX 4667
 Ocala FL 34478-4667

938572

2. Principal Place of Business

3. Mailing Address

1309 SE 25 LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 103

City & State

City & State

OCALA FL

Zip

Country

Zip

Country

34471

USA

4. FEI Number

59-3571938

Applied For

Not Applicable

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

RANKIN, JOHN A
 8 LARCH RADIAL COURSE
 Ocala FL 34472

Name

REGINALD M. BARRINEAU

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

1309 SE 25 LOOP

SUITE 103

City

OCALA

FL

Zip Code

34471

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

Reginald M. Barrineau
 Signature, typed or printed name of registered agent and title if applicable.

REGINALD M. BARRINEAU TREAS, 4/5/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JOHN A. RANKIN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	JOHN A. RANKIN	
STREET ADDRESS	8 LARCH RADIAL COURSE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	JOHN P. DANIELS	
STREET ADDRESS	1309 SE 25 LOOP, STE 102	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	SYLVIA J. TURNER	
STREET ADDRESS	1711 SE 43 TERRACE	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	REGINALD M. BARRINEAU	
STREET ADDRESS	1309 SE 25 LOOP SUITE 103	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reginald M. Barrineau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 REGINALD M. BARRINEAU

4/5/00 352 622 313

Date

Daytime Phone #