

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90069 042 \*\*\*150.00

**DOCUMENT # P99000021366**

1. Entity Name

**THE CONNOR DEVELOPMENT CORPORATION OF MARION COU**

Principal Place of Business

**8 LARCH RADIAL COURSE  
OCALA FL 34472**

Mailing Address

**1309 SE 25 LOOP  
STE 103  
OCALA FL 34471****950309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1309 SE 25th Loop**

Suite, Apt. #, etc.

**Suite 103**

City &amp; State

**Ocala, FL****Zip 34471**

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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

**BARRINEAU, REGINALD M  
1309 SE 25 LOOP  
STE 103  
OCALA FL 34471**

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.

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 \$150.00  
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	RANKIN, JOHN A	8 LARCH RADIAL COURSE	OCALA FL 34472	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VO	DANIELS, JOHN P	1309 SE 25 LOOP-STE 102	OCALA FL 34471	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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S	TURNER, SYLVIA J	1711 SE 43RD TERR	OCALA FL 34471	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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T	BARRINEAU, REGINALD M	1309 SE 25 LOOP #103	OCALA FL 34471	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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: *Reginald M. Barrineau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*Reginald M. Barrineau 4/12/01 352-622-3133*

Daytime Phone #

CR2E034 (10/00)