

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

FILED

02 JUL -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00038

1. Entity Name

Ocala Chapter 812, E.A.A., Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

WILLIAM HINES

3. Mailing Address

501-B FAIRWAYS LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ocala,

City & State

OCALA, FL

City & State

FL

Zip

34472

Country

MARION

Zip

34472

Country

MARION

DO NOT WRITE IN THIS SPACE
05-31-02 - 01029-003 \$70.00

4. FEI Number

59-3363746

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name FREDERICK WEAVER

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

87
8780 SE 70th TERR

City

OCALA

FL

Zip Code

34472

**DO NOT WRITE
IN THIS SPACE**

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

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BUD GRIFFIN 6330 SW 82 nd Place Ocala, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CHUCK SEXTON 5350 NW 125 th St REDDICK, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. WILLIAM L. HINES 501-B FAIRWAYS LN OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. SANDY GRIFFIN 6330 SW 82 nd Place Ocala, FL 34476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SCOTT EKBERG 5303 SE 35 th Court OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FREDERICK WEAVER 8780 SE 70 th TERR OCALA, FL 34472

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: WILLIAM L. HINES *William L. Hines* 6-29-02 352-687-1795

CR2E037B (12/01)