

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2003 8:00 am  
Secretary of State

02-06-2003 90081 020 \*\*\*\*70.00

DOCUMENT # **N00038**

1. Entity Name  
**OCALA CHAPTER 812, E.A.A., INC.**



Principal Place of Business  
**501-B FAIRWAYS LN  
OCALA FL 34471  
US**

Mailing Address  
**501-B FAIRWAYS LN  
OCALA FL 34471  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3363746**

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

**WEAVER, FREDERICK G  
8780 SE 70TH TERR  
OCALA FL 34472**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	<b>T HINES WILLIAM</b>
STREET ADDRESS	<b>501B FAIRWAYS LANE</b>
CITY-ST-ZIP	<b>OCALA FL 34472</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>P GRIGGIN, BUD</b>
STREET ADDRESS	<b>6330 SW 82ND PLACE</b>
CITY-ST-ZIP	<b>OCALA FL 34476</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>D EKBERG, SCOTT H.</b>
STREET ADDRESS	<b>5303 SE 35TH COURT</b>
CITY-ST-ZIP	<b>OCALA FL 34480</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>PD WEAVER, FREDERICK G</b>
STREET ADDRESS	<b>8780 SE 70TH TERRACE</b>
CITY-ST-ZIP	<b>OCALA FL 34472</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP SEXTON, CHUCK</b>
STREET ADDRESS	<b>5350 NW 125TH ST RD</b>
CITY-ST-ZIP	<b>REDDICK FL 32686</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>S GRIFFIN, SANDRA</b>
STREET ADDRESS	<b>6330 SW 82ND PLACE</b>
CITY-ST-ZIP	<b>OCALA FL 34476</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Hines **2-3-03** **352-687-1795**

CR2E037 (10/02)