

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 791071

1. Entity Name

OCALA BREEDERS SALES COMPANY, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90019 022 ****61.25

Principal Place of Business

1701 SW 60TH AVE
 Ocala FL 34474

Mailing Address

P.O. BOX 99
 Ocala FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1566113

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHIOTA, THOMAS
 1701 SW 60TH AVENUE
 Ocala FL 34474

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 PD Delete
 NAME CHIOTA, THOMAS A.
 STREET ADDRESS 820 NE 120TH PLACE
 CITY-ST-ZIP Ocala, FL 00000

TITLE STD Delete
 NAME O'FARRELL, MICHAEL J., JR
 STREET ADDRESS 9500 NW 95TH ST
 CITY-ST-ZIP Ocala FL

TITLE VD Delete
 NAME MANGURIAN, HARRY T. J
 STREET ADDRESS 5850 SW ST RD 200
 CITY-ST-ZIP Ocala FL

TITLE CD Delete
 NAME CASSE, NORMAN E
 STREET ADDRESS 14303 N MAGNOLIA AVE.
 CITY-ST-ZIP CITRA FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(l), 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: Thomas A. Chiota Date: 7/10/00 Daytime Phone #: (352) 237-2154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)