

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41847

1. Entity Name

PINE AVENUE CAR CARE CENTER CONDOMINIUM ASSOCIAT

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90002 001 ****61.25

Principal Place of Business 101 NE 1ST AVENUE OCALA FL 32670	Mailing Address 2603 SE 17TH ST. #B OCALA FL 34471-5563 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 NE 1st avenue	3. Mailing Address 101 NE 1st avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala FL	City & State Ocala, FL 34470	4. FEI Number 59-3111120	Applied For <input type="checkbox"/> Not Applicable
Zip 34470	Country USA	Zip 34470	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RUDNIANYN, JOHN S.
101 N.E. 1ST AVENUE
OCALA FL 32670

7. Name and Address of New Registered Agent

Name: John S. Rudniansyn
 Street Address (P.O. Box Number is Not Acceptable):
 101 NE 1st avenue
 City: Ocala FL Zip Code: 34470

B. 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: President Pine Avenue Car Care Center Condo Assoc. DATE: 2-16-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	STD RUDNIANYN, JOHN S 101 NE 1ST AVE OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMAN, WALTER R 2603 S E 17TH ST #B OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERT, SCOTT 2100 SOUTH PINE AVE OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D John S. Rudniansyn 101 NE 1st ave Ocala, FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kimberly A. Wachter 2124 SW Pine ave Ocala, FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additor

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: [Signature] DATE: 2-16-00 DAYTIME PHONE #: 352-629-6101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR