

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

FILED
Aug 23, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **N41847**
1. Entity Name
**Pine Avenue Car Care Center
Condominium Association, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2124 S. PINE AVENUE		3. Mailing Address 2124	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA FL		City & State OCALA FL	
Zip 34474	Country USA	Zip 34474	Country USA

5/29/02 01041 009 35.00
6/26/02 01046 015 26.25

DO NOT WRITE IN THIS SPACE
4. FEI Number
593111120
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **KIMBERLY WACHTER**
Street Address (P.O. Box Number is Not Acceptable)
2124 S. PINE AVE
City **OCALA FL** Zip Code **34474**

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 **KIMBERLY WACHTER, TSD**
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	TODD HEMINGER PD 2100 S. PINE AVE OCALA FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KIMBERLY WACHTER TSD 2100 SOUTH PINE AVE OCALA FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT EBERT 2100 SOUTH PINE AVE OCALA FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 employees.
SIGNATURE: **KIMBERLY WACHTER** **8/20/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)