2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001812

1. Entity Name

CLASIC CRUISERS OF OCALA FLA. INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State
01-27-2000 90111 010 ****61.25

Principal Place of Business	Mailing Address
4720 SE 145TH ST. SUMMERFIELD FL	P.O. BOX 69 SUMMERFIELD FL 34492-0069 US

DO NOT WRITE IN THIS SPACE

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 59-3189992 ☐ 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
HAWTER, STEPHEN 4720 SE 145TH ST. SUMMERFIELD FL 34491	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	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D STONE, JEFF 12480 NE 135 STREET FT. MCCOY FL 32134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/D Doug Prevatte 3727 NE 70 Ave. Silver Springs, Fl. 34488	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D CANTRELL, JERRY 17621 SE 19 PLACE SILVER SPRINGS FL 34488	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/D George Miller 7747 SE 135 St. Summerfield, Fl. 34491	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D TANA, DONNA 4880 SW 36TH ST OCALA FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUNCH, ALICE 3876 SW 148TH PLACE. OCALA FL 34473	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/D Pam Hettinger 3810 SE 44 St. Ocala, Fl. 34480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CRE037 (9/99)

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: SIGNATURE REQUIRED Jan. 24, 2000 352-854-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #