

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90188 005 ****70.00

DOCUMENT # N93000001812

1. Entity Name

CLASIC CRUISERS OF OCALA FLA. INC.

Principal Place of Business

**4720 SE 145TH ST.
 SUMMERFIELD FL**

Mailing Address

**P.O. BOX 69
 SUMMERFIELD FL 34492
 US**

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 ☐ Delete
 NAME **P/D BURCHETT, JIM**
 STREET ADDRESS **16738 SE 63 LANE**
 CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP/D O'BRIAN, BILL**
 STREET ADDRESS **4880 SW 36TH STREET**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T/D TANA, DONNA**
 STREET ADDRESS **4880 SW 36TH ST**
 CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **SD HETTINGER, PAM**
 STREET ADDRESS **3810 SE 44TH STREET**
 CITY-ST-ZIP **OCALA FL 34480**

TITLE ☒ Change ☒ Addition
 NAME **SD Theresa Vogel**
 STREET ADDRESS **10830 NE Hwy. 314**
 CITY-ST-ZIP **Silver Springs FL 34488**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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)(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

2/28/02

352-854-3220

CR2E037 (9/01)