

2000 UNIFORM BUSINESS REPORT (UBR)

040767

DOCUMENT # P94000077789
 1. Entity Name
OCALA CORPORATE, INC.

FILED
00 MAR 21 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1733 W FLETCHER AVE TAMPA FL 33612 US	Mailing Address 1733 W FLETCHER AVE TAMPA FL 33612-1820 US
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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 59-3275137	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WALTERS, CLIFFORD L
802 11TH ST. WEST
BRADENTON FL 34205

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEVIN, RICHARD	
STREET ADDRESS	1733 WEST FLETCHER AVENUE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEVIN, STEVEN	
STREET ADDRESS	21301 POWERLINE ROAD SUITE #312	
CITY-ST-ZIP	MARGATE FL 33093-6260	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RICE, SUZANNE L	
STREET ADDRESS	1733 W FLETCHER AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRUCCI, MARK A	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVIN, JILL	
STREET ADDRESS	P.O. BOX 11229 N/A	
CITY-ST-ZIP	KNOXVILLE TN 37939	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003195093--2	
STREET ADDRESS	-04/04/00--01047--009	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date **3/13/00** Daytime Phone # **813-960-8154**

CR2E034 (9/99)

SP