

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90019 001 *1,676.25

DOCUMENT # P97000107082

1. Entity Name

BOBCAT OF OCALA, INCORPORATED ✓

Principal Place of Business

4599 N HWY 441
 OCALA FL 34475
 US

Mailing Address

4599 N US HWY 441
 OCALA FL 34475-1523
 US

2. Principal Place of Business

3. Mailing Address

7410 EAST Colonial DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State **Orlando FL**

4. FEI Number

59-3485304

Applied For

Not Applicable

Zip

Country

Zip

Country

32807

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

20411



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KINGSLAND, RICHARD G
4131 ALDERGATE PLACE
ORLANDO FL 32708

7. Name and Address of New Registered Agent

Name **RICHARD A. KINGSLAND**

Street Address (P.O. Box Number is Not Acceptable)

7410 EAST Colonial DRIVE

City **Orlando**

FL

Zip Code **32807**

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.

Richard A. Kingsland, President

9-5-00

(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 NAME STREET ADDRESS CITY-ST-ZIP	PST KINGSLAND, RICHARD G 4131 ALDERGATE PL ORLANDO FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROADERICK, BRIAN 8200 NW 43RD LN OCALA FL 34482	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD A. KINGSLAND 859 WILLOW RUN LANE Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Kingsland, President

9-5-00
Date

407-273-7383
Daytime Phone #