

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 757827**

1. Entity Name

OJC HOME OWNERS ASSOCIATION NO. 1, INC.

Principal Place of Business

1320 SW 25TH LOOP # 101
P.O. BOX 2495
OCALA FL 34471
US

Mailing Address

P.O. BOX 2495
OCALA FL 34478
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

59-2212945

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DAY, JAMES E.
1320 SE 25TH LOOP # 101
OCALA FL 34471

7. Name and Address of New Registered Agent

Name

KEN KIRKPATRICK

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

1320 SE 25 LOOP #101

City

OCALA**FL**

Zip Code

34478

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **MCCAIN, JAMES**
CITY-ST-ZIP **17178 NW 87TH AVENUE ROAD**
REDDICK FL 32686TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HART, KARL**
CITY-ST-ZIP **17192 NW 87 AVE RD**
REDDICK FL 32686TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LACROIX, BARBARA**
CITY-ST-ZIP **P.O. BOX 518 N/A**
OCALA FL 34478TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **KASSI, BOB**
CITY-ST-ZIP **17235 NW 87TH AVE RD**
REDDICK FL 32686TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **ROSS, MAGGIE**
CITY-ST-ZIP **17190 NW 87 AVE RD**
REDDICK FL 32686TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

JAMES E. DAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

352/369-9881

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)