

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90047 036 ****61.25

DOCUMENT # 743682

1. Entity Name

OCALA SINGLES CLUB, INC.

Principal Place of Business

P.O. BOX 1288
 SILVER SPRINGS FL 34489

Mailing Address

P.O. BOX 1288
 SILVER SPRINGS FL 34489

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7434870

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KRIM, FRED J.
121 N.W. 3RD. STREET
OCALA FL 32670

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

Anna Belle Fitzgerald

1-29-01

Signature, typed or printed name of registered agent and title (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 **PT** ☒ Delete
 NAME **HART, DORIS**
 STREET ADDRESS **7101 30TH WEST ANTHONY RD.**
 CITY-ST-ZIP **OCALA FL 34479**

TITLE **President** ☐ Change ☒ Addition
 NAME **EDNA RYALS**
 STREET ADDRESS **16 12 NE 25th AVE LOT 14**
 CITY-ST-ZIP **OCALA FLA 34470**

TITLE **VPT** ☒ Delete
 NAME **TURNER, GREG**
 STREET ADDRESS **506 N NOBLE AVE #25**
 CITY-ST-ZIP **BUSHNELL FL 33513**

TITLE **SIUP** ☐ Change ☒ Addition
 NAME **Jerry Stanley**
 STREET ADDRESS **5501 S.E. 34th**
 CITY-ST-ZIP **OCALA FLA 34480**

TITLE **2VPD** ☒ Delete
 NAME **EXLEY, JOAN**
 STREET ADDRESS **18380 SE 52ND PLACE**
 CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE **2nd VP.** ☐ Change ☒ Addition
 NAME **RAY KURATNIK**
 STREET ADDRESS **9072 S.W. 31st Ave Rd.**
 CITY-ST-ZIP **Ocala 34476**

TITLE **3VPD** ☐ Delete
 NAME **JOHNSON, JOAN**
 STREET ADDRESS **8530 SOUTH PINE AVE LOT 11**
 CITY-ST-ZIP **OCALA FL 34471**

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

TITLE **T** ☒ Delete
 NAME **CALTABIANO, ANDY**
 STREET ADDRESS **P.O. BOX 4911**
 CITY-ST-ZIP **OCALA FL 34478-4911**

TITLE **Treasure** ☐ Change ☒ Addition
 NAME **Anna Belle Fitzgerald**
 STREET ADDRESS **1634 NE 22nd St**
 CITY-ST-ZIP **Ocala, FL 34470**

TITLE **3D** ☐ Delete
 NAME **BIRKHEMER, CHUCK**
 STREET ADDRESS **710 NE 43TH ST**
 CITY-ST-ZIP **OCALA FL 34479**

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:

Anna Belle Fitzgerald
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

Date

Daytime Phone #

352-867-7290

CR2E037 (10/00)