

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 673414

1. Entity Name

GREAT OCALA PARK CORPORATION

Principal Place of Business

% ORTEGA AND COMPANY, P.A.  
2307 DOUGLAS RD. SUITE 302  
MIAMI FL 33145

Mailing Address

% ORTEGA AND COMPANY, P.A.  
2307 DOUGLAS RD. SUITE 302  
MIAMI FL 33145-3057

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

59-2082490

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERTOCH, CARL A  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32315

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

Signature, typed or printed name of registered agent and title if applicable

(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	DP	<input type="checkbox"/> Delete
NAME	N. DE CUELLO, AIMEE	
STREET ADDRESS	2025 CACIQUE ST - OCEAN PRK	
CITY-ST-ZIP	SANTURCE P.	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CUELLO DE DE JUAN, MARIA MARGARIT	
STREET ADDRESS	28 FORTE ST	
CITY-ST-ZIP	SAN JUAN PR	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, RAFAEL	
STREET ADDRESS	CALLE 56 BB 1 A TERESITA	
CITY-ST-ZIP	BAYAMON PR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
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	
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:

*Aimee N. De Cuello*  
AIMEE N. DE CUELLO

3-29-2000

(787) 724-4200

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CD00024 (3/00)