

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 07, 2000 8:00 am**
Secretary of State

06-07-2000 90008 041 ****61.25

DOCUMENT # 727675	
1. Entity Name OCALA EAST VILLAS, INC	
Principal Place of Business 191 N.E. 63RD COURT OCALA, FL 34470	Mailing Address 191 N.E. 63RD COURT OCALA, FL 34470

00057679

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 59-2091968		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES, ERMA 420 NE 63RD CT OCALA, FL 34470	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME JONES, ERMA STREET ADDRESS 420 N.E. 63rd Ct., Ocala, FL CITY-ST-ZIP	☐ Delete	TITLE D NAME ALLEN, RICH STREET ADDRESS 321 N.E. 63rd Ct., Ocala, FL CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME RICH, TOM STREET ADDRESS 6610 N.E. 3rd St., Ocala, FL CITY-ST-ZIP	☐ Delete	TITLE D NAME ANGEL, KATHY STREET ADDRESS 540 N.E. 64th Ave, Ocala, FL CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SEC. NAME ROWLEY, PATSY STREET ADDRESS 120 N.E. 63rd Ct., Ocala, FL CITY-ST-ZIP	☐ Delete	TITLE D NAME LELIEVRE, AL STREET ADDRESS 521 N.E. 64th Ave., Ocala, FL CITY-ST-ZIP	☐ Change ☐ Addition
TITLE OF NAME SENIOR, Georgia STREET ADDRESS 6417 N.E. 2nd St., Ocala, FL CITY-ST-ZIP	☐ Delete	TITLE D NAME MASON, BEN STREET ADDRESS 6535 N.E. 2nd St., Ocala, FL CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME SCHULTZ, ERIC STREET ADDRESS 340 N.E. 64th Ave., Ocala, FL CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME WRIGHT, HAROLD STREET ADDRESS 6605 N.E. 2ns St., Ocala, FL CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:** ERIC F. SCHULTZ, TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5/9/2000
Date Daytime Phone #

CR2E037 (9/99)