

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743682

1. Entity Name  
Ocala Singles Club

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
Ocala Yacht + Boat Basin PO Box 1288  
Silver Springs FL  
34489

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

23-743 4870

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

Trim Fred J  
121 NW 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	President	<input checked="" type="checkbox"/> Delete
NAME	Doris Hart	
STREET ADDRESS	3101 30th West Anthony Rd	
CITY-ST-ZIP	Ocala 34479	
TITLE	Greg Turner	<input checked="" type="checkbox"/> Delete
NAME	Vice President	
STREET ADDRESS	506 N Noble Ave #25	
CITY-ST-ZIP	Bushnell FL 33513	
TITLE	2nd Vice President	<input checked="" type="checkbox"/> Delete
NAME	Joan Exley	
STREET ADDRESS	18380 SE Sand Place	
CITY-ST-ZIP	Ocala FL 32179	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Shirley Adams	
STREET ADDRESS	116 NE 157th Terrace	
CITY-ST-ZIP	Williston FL 32696	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Angelo Caltabiano	
STREET ADDRESS	PO Box 4911	
CITY-ST-ZIP	Ocala FL 34478-4911	
TITLE	3rd Director	<input checked="" type="checkbox"/> Delete
NAME	Chuck Birkheimer	
STREET ADDRESS	710 NE 43th St	
CITY-ST-ZIP	Ocala FL 34479	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000003164790--2	
CITY-ST-ZIP	-03/10/00--01010--010	
	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	3rd Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Johnson	
STREET ADDRESS	3530 South Pine Ave Lot 11	
CITY-ST-ZIP	Ocala FL 34471	
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		

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: Angelo Caltabiano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 2000

Date

1-352-236-0910

Daytime Phone #

CR2E037 (9/99)