

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90067 006 ****61.25

DOCUMENT # 757827

1. Entity Name

OJC HOME OWNERS ASSOCIATION NO. 1, INC.

Principal Place of Business

Mailing Address

2516 SW 27TH AVE.
 P.O BOX 2495
 OCALA FL 34474
 US

P.O. BOX 2495
 OCALA FL 34478-2495
 US

2. Principal Place of Business

1320 S. E. 25th Loop #101

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

4. FEI Number

59-2212945

Applied For
 Not Applicable

Zip

34471

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAY, JAMES E.
 2516 SW 27TH AVE
 OCALA FL 34474

7. Name and Address of New Registered Agent

Name

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

1320 S. E. 25th Loop #101

City

Ocala

FL

Zip Code

34471

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	STD	<input type="checkbox"/> Delete
NAME	MCCAIN, JAMES	
STREET ADDRESS	17178 NW 87TH AVENUE ROAD	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, KARL	
STREET ADDRESS	PO BOX 3310	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACROIX, BARBARA	
STREET ADDRESS	P.O. BOX 518 N/A	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PORTER, RALPH	
STREET ADDRESS	17119 NW 86 TERR.	
CITY-ST-ZIP	REDDICK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARMA, VIRGINIA	
STREET ADDRESS	17182 NW 87TH AVE	
CITY-ST-ZIP	REDDICK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17192 N W. 87 Ave. Rd.	
CITY-ST-ZIP	Reddick, FL 32686	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kassi, Bob	
STREET ADDRESS	17235 N W. 87th Ave. Rd.	
CITY-ST-ZIP	Reddick, FL 32686	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross, Maggie	
STREET ADDRESS	17190 N. W. 87 Ave. Rd.	
CITY-ST-ZIP	Reddick, FL 32686	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00 352/369-9881

Date

Daytime Phone #