

2001 UNIFORM BUSINESS REPORT (UBR)

0019263 AB

DOCUMENT # **A24394**

1. Entity Name

OCALA INN, LTD.

Principal Place of Business

**613-B BEACHVIEW DR.
ST. SIMONS ISLAND GA 31522**

Mailing Address

**P.O. BOX 20287
ST SIMONS ISLAND GA 31522**

FILED
01 FEB 14 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1711957**

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

**ZELL, ROYALD A.
3145 LAKE ELLEN DRIVE
TAMPA FL 33618**

Name

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

2225 Climbing Ivy Dr
City **Tampa** FL Zip Code **33618**

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. Capital Contributions as shown on record. **\$900,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **J39264**
NAME **OCALA INNS, INC.**
STREET ADDRESS **613-B BEACHVIEW DRIVE**
CITY-ST-ZIP **ST. SIMONS ISLAND GA 31522**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/5/01 **912 638-3449**

CR2E003 (11/00)