

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A26149**

1. Entity Name

OCALA INVESTORS 1988-I, LTD.

Principal Place of Business

**2801 SW COLLEGE RD., STE. 18
OCALA FL 34478**

Mailing Address

**P.O. BOX 740180
OCALA FL 34474-0180**

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

59-2903360

Applied For

Not Applicable

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

THE MANAGEMENT GROUP OF OCALA, INC.

2801-18 SW COLLEGE RD.

OCALA FL 34474

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. Capital Contributions
as Shown on record.

\$2,907,468.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,907,468

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 #

M33029

NAME

MANAGEMENT GROUP OF OCALA, INC.

STREET ADDRESS

2801-18 COLLEGE ROAD

CITY - ST - ZIP

OCALA FL

STREET ADDRESS

CITY - ST - ZIP

200003273502--7

-06/01/00--01053--016

*******535.00 *****535.00**

DOCUMENT #

NAME

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CITY - ST - ZIP

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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

as President of

SIGNATURE:

SIGNATURE OF THE Management Group of Ocala Inc

4/4/00

352/237-1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)