

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015865  
AT

DOCUMENT # **A26149**

1. Entity Name

OCALA INVESTORS 1988-I, LTD.

02 APR -9 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

P.O. BOX 5130  
OCALA FL 34478-5130



2. Principal Place of Business

2400 SW 21 Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State  
Ocala FL

City & State

4. FEI Number  
59-2903360

Applied For  
Not Applicable

Zip  
34474

Country  
USA

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

THE MANAGEMENT GROUP OF OCALA, INC.  
2801 - 18 SW COLLEGE RD.  
OCALA FL 34474

Name  
The Management Group of Ocala Inc  
Street Address (P.O. Box Number is Not Acceptable)  
2400 SW 21 Circle  
City  
Ocala FL 34474

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 Jerome Glassman 04/04/2002 DATE

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

9. Capital Contributions as Shown on record \$2,907,468.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,907,468.00

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 2400 SW 21 Circle  
CITY-ST-ZIP Ocala FL 34474

DOCUMENT #  
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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: Jerome Glassman 04/04/2002 352/237-1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)