

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000924 AF

**DOCUMENT # A31011**

1. Entity Name

**OCALA AIRPORT COMMERCE CENTER, LTD.**

Principal Place of Business

**11635 NORTHWEST FIRST AVENUE  
GAINESVILLE FL 32607**

Mailing Address

**11635 NORTHWEST FIRST AVENUE  
GAINESVILLE FL 32607**

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

**59-3055455**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



**FILED**  
**01 APR -9 AM 9:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

6. Name and Address of Current Registered Agent

**CURTIS, JOHN M.**  
**11635 NORTHWEST 1ST AVENUE**  
**GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

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.

**\$72,750.00**

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

DOCUMENT # **S21687**  
NAME **OCALA ARPT CMRC CNTR, INC**  
STREET ADDRESS **11635 N.W. 1ST AVE.**  
CITY-ST-ZIP **GAINESVILLE FL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**000004045370--E**  
**-04/23/01--01158--028**  
**\*\*\*\*\*535.00 \*\*\*\*\*535.00**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Ocala Airport Commerce Center, Inc., The General Partner**  
**John M. Curtis 03/13/01 352-332-0838**

Date

Daytime Phone #

CR2E003 (11/00)