

2002 UNIFORM BUSINESS REPORT (UBR)

0015650 AT

DOCUMENT # **A33453**

1. Entity Name

CP OF OCALA, LTD.

FILED

02 APR 29 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**207 N. MAGNOLIA AVENUE
OCALA FL 34475**

Mailing Address

**P.O. BOX 3961
OCALA FL 34478**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3144555

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

TRENTELMAN, JOHN C.

207 N. MAGNOLIA AVENUE

OCALA FL 34475

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

DATE

9. Capital Contributions
as Shown on record.

\$3,960.00

10. Amount of Capital Contributions
in FLORIDA to date.

3960

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 # **V11225**
NAME **CONSOLIDATED PROPERTIES OF OCALA, INC.**
STREET ADDRESS **207 N. MAGNOLIA AVENUE**
CITY-ST-ZIP **OCALA FL 34475**

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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

John A. Chardain

4/23/02

(352)351-2000

CR2E003 (9/01)