

2001 UNIFORM BUSINESS REPORT (UBR)

0020079 SP

DOCUMENT # A95000000240
 1. Entity Name
CALA HILLS PROFESSIONAL PARK, LTD.

FILED

Principal Place of Business: **2801 SOUTHWEST COLLEGE ROAD, SUITE 18, OCALA FL 34474**
 Mailing Address: **P.O. BOX 740180, OCALA FL 34478**

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **PO Box 5130**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **Ocala FL**
 4. FEI Number: **59-3302326**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GLASSMAN, SHARON
2801 SOUTHWEST COLLEGE ROAD, SUITE 18
OCALA FL 34474

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: **\$100.00**
 10. Amount of Capital Contributions in FLORIDA to date: **\$100.00**
 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	
DOCUMENT #	P95000012618
NAME	CALA HILLS PARK, INC.
STREET ADDRESS	2801 SOUTHWEST COLLEGE ROAD, SUITE 18
CITY-ST-ZIP	OCALA FL 34474
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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******150.00 ****150.00**

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: **Sharon Glassman** 04/02/2001 352/237-1186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CPRE003 (11/00)