

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

U13003 A1

DOCUMENT # **A95000000240**

1. Entity Name

CALA HILLS PROFESSIONAL PARK, LTD.

02 APR -9 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**2801 SOUTHWEST COLLEGE ROAD, SUITE 18
OCALA FL 34474**

Mailing Address

**P.O. BOX 1530
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

59-3302326

Applied For

Not Applicable

Zip
34474

Country

Zip

Country

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
Sharon Glassman

Street Address (P.O. Box Number is Not Acceptable)
2400 SW 21 Circle

City
Ocala

FL

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

Sharon Glassman 04/04/2002

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**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2400 SW 21 Circle**
CITY-ST-ZIP **Ocala FL 34474**

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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: **Sharon Glassman 04/04/2002 352/237-1186**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)