


# 2001 UNIFORM BUSINESS REPORT (UBR)

0012232 AF

**DOCUMENT #** A98000002700  
 1. Entity Name  
**LAUREL RIDGE OF OCALA, LTD.**

**FILED**  
 01 MAR -6 AM 10:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  


Principal Place of Business Mailing Address  
 7 EAST SILVER SPRINGS BLVD., STE. 208 7 EAST SILVER SPRINGS BLVD., STE. 208  
 OCALA FL 34470 OCALA FL 34470

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number **59-3549607** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 MCCOY, GEORGE R  
 7 EAST SILVER SPRINGS BLVD., STE. 208  
 OCALA FL 34470

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$432,514.00**

10. Amount of Capital Contributions in FLORIDA to date. **429,923**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000102244 UNIVERSAL DEVELOPMENT OF OCALA, INC. 7 EAST SILVER SPRINGS BLVD., STE. 208 OCALA FL 34470
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<del>900002829259 4</del> -03/09/01--01138--019 ***526.25 ***526.25
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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: GEORGE R. MCCOY 2-26-01 352 732-3550  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)