

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F34921

1. Entity Name

YONGE PROPERTIES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90336 024 ***150.00

Principal Place of Business

520 SW 28 ST
OCALA FL 32674

Mailing Address

600 SE 48 AVE
OCALA FL 32671
US

00038377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

520 SW 28 ST

Suite, Apt. #, etc.

3. Mailing Address

600 SE 48 AVE

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number 59-2094510

Applied For

Not Applicable

Zip

34474

Country

USA

Zip

34471

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YONGE, NANCY R.
520 SW 28 ST
OCALA FL 32674

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT
NAME YONGE, NANCY R
STREET ADDRESS 520 SW 28TH ST
CITY-ST-ZIP OCALA FL 34474 ☐ Delete

TITLE SM
NAME ROBERTS, BETSY Y.
STREET ADDRESS 1201 SW 23RD PLACE
CITY-ST-ZIP OCALA FL ☐ Delete

TITLE VPD
NAME YONGE, LAURIE
STREET ADDRESS 600 SE 48 AVE
CITY-ST-ZIP OCALA FL 32674 34471 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP OCALA, FL 34474 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP OCALA, FL 34471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURIE YONGE

4-18-01

Date

352-624-1808

Daytime Phone

CR2E034 (10/00)