

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005122

1. Entity Name

RANGE KLEEN MFG., INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90029 003 \*\*\*150.00

Principal Place of Business

Mailing Address

4403 N.W. 79TH TERRACE ROAD  
OCALA FL 34482-2089

4403 N.W. 79TH TERRACE ROAD  
OCALA FL 34482-2089

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-4431982

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

O'CONNOR, GERALD D  
4403 N.W. 79TH TERRACE ROAD  
OCALA FL 34482-2089

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. 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCT	O'CONNOR, GERALD D	4403 NW 79TH TERRACE ROAD	OCALA FL	<input type="checkbox"/>
DS	DALEY, CHARLES W	1728 ALLENTOWN ROAD	LIMA OH 45805	<input type="checkbox"/>
VP	CLUTTER, TIM	4240 EAST ROAD	LIMA OH 45802	<input type="checkbox"/>
VP	LINK, DAVID	4240 EAST ROAD	LIMA OH 45802	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 I, the undersigned, 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. LINK  
VICE PRESIDENT  
CHIEF FINANCIAL OFFICER  
RANGE KLEEN MFG., INC.  
PO Drawer 698 Ocala, Florida 34482

Date

Daytime Phone #

3-9-2000

419-331-8000

Ph. (419) 331-8000  
(419) 331-4538

CR2E034 (9/99)