

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F990000000960

1. Entity Name

WANT ADS OF OCALA, INC.

(R)

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-17-2000 90072 019 ***550.00

Principal Place of Business

Mailing Address

20011 EMERALD COAST PKWY.
DESTIN FL 32541

20011 EMERALD COAST PKWY.
DESTIN FL 32541-3410

2. Principal Place of Business

3561 S. Pine Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34471

Country

Zip

Country

4. FEI Number

65-0888103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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. 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

TITLE	DS	<input type="checkbox"/> Delete
NAME	MODLIN, KIMBERLY S	
STREET ADDRESS	20011 EMERALD COAST PKWY.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	PT	<input type="checkbox"/> Delete
NAME	KERR, QUINCY	
STREET ADDRESS	3561 S. PINE AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles E. Earles	
STREET ADDRESS	20011 Emerald Coast Pkwy	
CITY-ST-ZIP	Destin, FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert L. Christensen	
STREET ADDRESS	20011 Emerald Coast Pkwy	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry S. Treese	
STREET ADDRESS	3901 West Waco Drive	
CITY-ST-ZIP	Waco, TX 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles E. Earles, Sec. 4/3/00

Date

850-837-8820

Daytime Phone #

CR2E034 (9/99)