

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20134

1. Entity Name

LASSITER-WARE INSURANCE OF OCALA, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90043 005 ***150.00

Principal Place of Business

2510 S.E. 17TH STREET
OCALA FL 34471-5523
US

Mailing Address

2510 S.E. 17TH STREET
OCALA FL 34471-5523
US

00038440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852392

Applied For

Not Applicable

Zip

Country

Zip

Country

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

OSTRANDER, TED R. J
1317 CITIZENS BLVD
LEESBURG FL 32748

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	OSTRANDER, TED R., JR.	1317 CITIZENS BLVD.							
		LEESBURG FL								
	SD	STOER, JOHN J., JR.	1317 CITIZENS BLVD.							
		LEESBURG FL								
	VD	LEWIS RAYMOND P., II	1317 CITIZENS BLVD							
		LEESBURG FL								
	TD	HAHNE, JOHN E	1019 PALM COVE DR							
		ORLANDO FL 32835								

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

3/13/2000

Date

(352) 787-3441

Daytime Phone #

CR2E034 (9/99)