

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90017 047 \*\*\*150.00

**DOCUMENT # H20134**

1. Entity Name

**LASSITER-WARE INSURANCE OF OCALA, INC.**

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

2. Principal Place of Business

2011 S.W. 20th PLACE

3. Mailing Address

2011 S.W. 20th PLACE

Suite, Apt. #, etc.

Suite 101

Suite, Apt. #, etc.

Suite 101

City & State

OCALA FL

City & State

OCALA FL

Zip

34474

Country

US

Zip

34474

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2852392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

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, 2002 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 PD ☐ Delete  
 NAME OSTRANDER, TED R., JR.  
 STREET ADDRESS 1317 CITIZENS BLVD.  
 CITY-ST-ZIP LEESBURG FL

TITLE SD ☐ Delete  
 NAME STOER, JOHN J., JR.  
 STREET ADDRESS 1317 CITIZENS BLVD.  
 CITY-ST-ZIP LEESBURG FL

TITLE VD ☐ Delete  
 NAME LEWIS RAYMOND P., II  
 STREET ADDRESS 1317 CITIZENS BLVD  
 CITY-ST-ZIP LEESBURG FL

TITLE TD ☐ Delete  
 NAME HAHNE, JOHN E  
 STREET ADDRESS 1019 PALM COVE DR  
 CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E Hahne

2/28/02

(352) 787-3441

Date

Daytime Phone #

CR2E034 (9/01)