

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
 04-18-2000 90255 009 \*\*\*150.00

**DOCUMENT # J24681**

1. Entity Name  
**FIRST OCALA INVESTMENT CORP.**

Principal Place of Business      Mailing Address  
**4778 HALIFAX DR**      **4778 HALIFAX DR**  
**PORT ORANGE FL 32127**      **PORT ORANGE FL 32127-4505**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2701981**      Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KUENDIG, DAVID E.**  
**4778 HALIFAX DR**  
**PT ORANGE FL 32127**

**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.

*not required*  
 SIGNATURE David E Kuendig 4/15/00  
 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	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>KUENDIG, MARY LOUISE</b>	
STREET ADDRESS	<b>4778 HALIFAX DR</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NYBERG, MYRA</b>	
STREET ADDRESS	<b>3924 N JANSSEN</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FLANAGAN, KATHLEEN</b>	
STREET ADDRESS	<b>52 MOORELAND ROAD</b>	
CITY-ST-ZIP	<b>SCITUATE MA</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KUENDIG, DAVID</b>	
STREET ADDRESS	<b>4778 HALIFAX DR</b>	
CITY-ST-ZIP	<b>PORT ORANGE FL 32127</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NYBERG, ANDERS</b>	
STREET ADDRESS	<b>3924 N JANSSEN</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>SCHUCARD, PETER</b>	
STREET ADDRESS	<b>17 RIVERS EDGE RD</b>	
CITY-ST-ZIP	<b>HULL MA 02045</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 like empowered.

SIGNATURE: Mary Louise Kuendig (S/T) 4/15/00 904-304-9320  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)