

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90041 040 ***150.00

DOCUMENT # J24681

1. Entity Name

FIRST OCALA INVESTMENT CORP.

Principal Place of Business

**4778 HALIFAX DR
PORT ORANGE FL 32127**

Mailing Address

**4778 HALIFAX DR
PORT ORANGE FL 32127**

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

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	ST			
	KUENDIG, MARY LOUISE	4778 HALIFAX DR	PORT ORANGE FL 32127	

TITLE	V			<input type="checkbox"/> Delete
NAME	NYBERG, MYRA			
STREET ADDRESS	3924 N JANSSEN			
CITY-ST-ZIP	CHICAGO IL			

TITLE	V			<input type="checkbox"/> Delete
NAME	FLANAGAN, KATHLEEN			
STREET ADDRESS	52 MOORELAND ROAD			
CITY-ST-ZIP	SCHITUALE MA			

TITLE	P			<input type="checkbox"/> Delete
NAME	KUENDIG, DAVID			
STREET ADDRESS	4778 HALIFAX DR			
CITY-ST-ZIP	PORT ORANGE FL 32127			

TITLE	V			<input type="checkbox"/> Delete
NAME	NYBERG, ANDERS			
STREET ADDRESS	3924 N JANSSEN			
CITY-ST-ZIP	CHICAGO IL			

TITLE	V			<input type="checkbox"/> Delete
NAME	SCHUCARD, PETER			
STREET ADDRESS	17 RIVERS EDGE RD			
CITY-ST-ZIP	HULL MA 02045			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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TITLE				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 MARY LOUISE KUENDIG **SEC/TREAS**
Date **3-7-02** Daytime Phone # **386 9049320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)